CITY OF VIRGINIA BEACH, VIRGINIA

Pandemic Influenza Outreach and Preparation

Program Assessment

Prepared by the Bryant Zamberlan Group for the
Virginia Beach Department of Public Health
Commonwealth of Virginia Department of Health




JULY 30, 2011

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I Introduction

As each year progresses, there is often one season (or more) that each of us looks forward to with particular anticipation. Some enjoy the boldness of a crisp, four-color autumn, while others look ahead to blankets of snow and the stillness of winter. Not so much for fans of the sunny summer months (and all the fun they entail on the Virginia Beach shores), while others still may prefer the freshness of a flowering spring, above all. In Virginia, we're lucky, blessed with four distinct seasons—each with its own brand of predictable wonder.

Not as appealing, however, is another—and sadly, just as predictable—"season." Each year—the "flu season" arrives, without exception, and brings with it as many runny noses, body aches, fevers, and other assorted unpleasantries, as the more traditional seasons bring joys. And, occasionally, flu season brings with it an exceptionally virulent strain, even more dangerous (and deadly) than the "seasonal" influenza we suffer dutifully every year, emerging as a Pandemic threat to community health, often globally. In such an occurrence, the key to mitigating the spread of Pandemic Flu in Virginia Beach will be through community preparation—and cooperation.

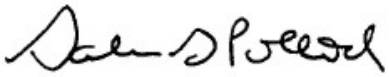
As a career nurse and healthcare leader (as well as a former Deputy Surgeon General—and Acting Surgeon General—of the United States Army), my professional life has been dedicated to the understanding, prevention, mitigation and treatment of healthcare concerns, including seasonal and Pandemic Flu. I know first-hand how dangerous strains of flu can travel quickly within communities and sicken, even kill, in large numbers—particularly among at-risk populations. The Army community mirrors the population spectrum of large metropolitan cities, with a beneficiary mixture that includes children, family members, young soldiers, and students, and a broad spectrum of uniformed and civilian workers in different places on the economic and social spectrum, and in varied states of health. Not unlike Virginia Beach, this diverse population gathers in workplaces, schools, churches, and neighborhoods to share the day-to-day ins and outs of life—and this population shares many of the same healthcare risks and vulnerabilities of a metropolitan region such as Virginia Beach. It is to just such populations that I devoted my life, not only as a healthcare provider, but also as a healthcare educator and advisor. It was in this role that I served as a senior advisor to this assessment.

Experience has taught me that outreach to a diverse population—particularly disadvantaged populations—is challenging and requires strategic planning. I applaud the Commonwealth of Virginia and the Virginia Beach Department of Public Health for commissioning this assessment—a true demonstration of commitment to preparation for and effective response to a Pandemic threat,; especially by exploring innovative ways to reach all members of the community, including the underserved, whose voices are rarely heard.

This assessment is necessary and important in that it gives a voice to all members of the Virginia Beach community, particularly traditionally underserved populations, and seeks to make these

populations partners in providing for (and, indeed, assuring) the health and protection of the Virginia Beach community in the case of a Pandemic threat. The assessment team gave rise to this "voice" by surveying the places these and many of the most vulnerable in the Virginia Beach population were found: churches, schools, nursing homes, daycare centers, hospitals, and rural areas. The feedback received proved invaluable and emphasized the ambition of all Virginia Beach residents to make Virginia Beach a healthier, safer place in the event of a Pandemic threat.

I am confident that the results and recommendations of this study will lead to increased public health awareness about the threat of Pandemic Flu, providing the Virginia Beach Department of Public Health an opportunity to empower ALL its residents with the tools necessary to safeguard their health every season—especially flu season.



Gale S. Pollock, CRNA, MHA, FACHE, FAAN
Major General (retired), United States Army

II Executive Summary

The Virginia Beach metropolitan area is the heart of the Hampton Roads region, and arguably the Commonwealth of Virginia. With just under half a million permanent residents, Virginia Beach is both the most populous city in Virginia and the 34th largest city in the United States, combining urban, suburban, and rural farming areas. The city and larger metropolitan region is called home by a population diverse in age, socioeconomic status, race, ethnicity, religious practice, and profession, bringing together a community that includes students, active duty, and retired military, and Virginia's most robust tourism industry in one remarkable package.

As remarkable, if not as pleasant, however, is the risk and vulnerability faced by a population as large and diverse as that in Virginia Beach in the face of a public health threat. The sheer numbers of permanent and short-term (including military, commuter, convention, and tourism traffic) residents, concentrated in the metropolitan area, combined with the high circulation and turnover in day-to-day interactive population, both increases risk of introduction of health threats such as viruses, and the ease of transmission among the population at large. A large population across the board means corresponding increases (in comparison with smaller localities) in the numbers of vulnerable and/or susceptible citizenry, including small children, the elderly, and the poor. And greater population diversity means a greater risk that instructions, messages, healthcare outreach, and education may be diluted and dampened as it is required to filter through cultural, language, socioeconomic, and other barriers.

Such increased vulnerability is never more apparent than in the face of the influenza threat—both the seasonal and far more serious (and deadly) Pandemic variety. Influenza (or "flu")—including the common seasonal varieties we are most familiar with, is a viral infection of the respiratory system, occurring most commonly in this part of the world in late fall and winter months. There are two main types of flu virus, "A" and "B," and each occurs in varied strains, with new, unique strains emerging from season to season. Pandemic Flu occurs when a newly emerged strain of the "A" influenza virus appears in human subjects, quickly spreading with increased virulence from person to person, eventually doing so on a global scale.

Pandemic strains are both new to humans, making populations more susceptible generally, but also feature increased virulence, causing more serious illness in those who catch the virus. As a result, Pandemic Influenza has historically led to significantly increased levels of illness and related deaths, causing significant community and societal disruption with corresponding economic impacts.

Three global Pandemics are generally recognized to have occurred in the past century, with the worst of the three occurring in 1918 and 1919, resulting in more than 50 million deaths globally. Recent spikes and quick spreading of virulent strains, including the commonly termed "Bird," (or "Avian"), "Swine," and H1N1 influenza strains, while not reaching the global destructive power of

previous worldwide Pandemics, have each had significant regional impact, and placed communities such as the Virginia Beach metropolitan area under legitimate Pandemic risk. This, and the proven historical destructive power of past Pandemic Influenza outbreaks, has only served to underscore and prioritize the need for Virginia Beach's increased vigilance, preparation, planning, and outreach on the topic of Pandemic Influenza. This is a need the Virginia Beach Department of Public Health has taken seriously in the past and continues to do so.

In this increased vigilance and preparation, the city of Virginia Beach is in concert with the Commonwealth of Virginia. The Web site of the Virginia Department of Health notes that, in Virginia, Pandemic Flu planning efforts for the Commonwealth and her citizenry have been underway for several years, resulting in a draft Pandemic Flu response plan (developed in 2002) providing Virginia communities a template for dealing with this issue.[1] As further explained on the Virginia Department of Health Web site:

> Recently, the Virginia Department of Health has led efforts to create a Pandemic Flu Advisory Team comprising representation from the fields of public health, private industry, law enforcement, government and the private health care industry to lead the Commonwealth's preparedness efforts. This team began meeting in 2005 to develop additional strategies and enhance Virginia's Pandemic Flu response plans. Virginia is also working closely with national and other state partners to coordinate our efforts.[2]

The site further notes:

> If a new and severe strain of flu were to begin spreading across the globe, Virginia would not be spared from its impact. The severity of the next Pandemic cannot be predicted, but modeling studies suggest that its effect in the United States could be severe. In the absence of any control measures (vaccination or drugs)….Virginia Pandemic Flu impact estimates include:
>
> - 2,700 to 6,300 deaths
> - 12,000 to 28,500 hospitalizations
> - 575,000 to 1.35 million outpatient visits
> - 1.08 million to 2.52 million people becoming sick[3]

This assessment and report on the preparation and outreach—past, current, and future—of the City of Virginia Beach with regard to the varied and diverse population segments that make up the metropolitan area community is an important step in the pro-active and continuing preparation by the City and Department of Public Health in advance of a Pandemic threat.

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[1] "Frequently Asked Questions," Virginia Department of Health, published August 2005, last updated November 25, 2008, accessed June 12, 2011, http://www.vdh.virginia.gov/PandemicFlu/FAQs.htm (site discontinued).
[2] ibid
[3] ibid

The assessment was conducted over a two month period by the Bryant Zamberlan Group, LLC, an independent government and healthcare communications firm contracted by the Commonwealth of Virginia to provide a comprehensive and impartial assessment and related series of recommendations related to Pandemic Influenza preparation—with a specific focus on optimizing education and outreach, as well as Pandemic vaccination for all facets of the Virginia Beach community. It included:

- an extended survey of community members, including online, telephone, and in-person interactions[4]
- consultations with selected community and sub-community representatives
- research and personal information gathering with regard to best practices and lessons learned from successful Pandemic Influenza outreach and vaccination programs in comparable communities and institutions
- and a comprehensive literature review of existing plans, resources, and studies related to the topics and communities at hand

The results were illustrative of the challenges faced by the City and Department of Public Health as they seek to pro-actively educate, prepare, and—if and when necessary, vaccinate—the Virginia Beach community at large. Not simply the results of the surveys and consultations themselves, but indeed the emergent patterns related to whether or not a sub-population was amenable to talking with any affiliate of the "Health Department" at all, outside of an inspection or mandatory requirement, was revelatory. Several community members contacted were guarded, some even hostile, to the idea of discussing Pandemic Flu preparation in any form or fashion that could feed "up" to a government entity, while others were clearly unaware of the potential benefit of a relationship with community healthcare officials in assisting their preparation for a future threat.

Others were willing to participate as long as their names, and the names of the institutions they represented, would not be recorded. Genuine learning took place in all stages of the community engagement lifecycle—from the requesting and scheduling phase through actual engagements on the relevant issues with willing community members—and much that can potentially inform the future engagement and community education process by the Department of Public Health is contained in this report.

The overall methodology, as well as specific approaches taken to engage specific communities, and the results of each strata of engagement are explored in greater depth at later points in this report, however, overall trends included suppressed participation in survey and engagement efforts (the ratio of community partners engaged by telephone, e-mail, and in-person, often—while always respectfully—more than once over time, to partners willing to engage with this assessment in any fashion, anonymously or otherwise) based primarily on deep seated issues of trust and/or a lack of perception that Pandemic Influenza was pressing enough as a relevant threat to devote limited time and effort to advance preparation/prevention efforts.

[4] The formal VBDPH "Letter of Introduction" provided by BZ to all community representatives contacted as part of the engagement process (and a critical step in establishing legitimacy, parameters, and the urgency of the assessment activity upfront) is included in Appendix C.

As the assessment team consisted primarily of communicators with healthcare backgrounds, and thus a greater familiarity with the relevance and severity of a potential Pandemic threat, it was a worthy observation to record the disparate understanding and appreciation of both the role and value of official public health efforts in the community, and the potential severity and direct relevance of a Pandemic threat, between healthcare professionals and members of the general public. For many—arguably too many, if viewed through the lens of the Virginia Beach Department of Public Health's stated goal of reaching as many community members as possible in Pandemic Flu and other public health outreach efforts—the perception of value in "partnering" with the Department of Public Health, as well as the priority given to Pandemic Influenza planning, is simply not high enough for significant engagement to take place, either for the purposes of assessment or community education and preparation.

This is an overall finding, but not a blanket one. For example, private medical professionals, the public school system, and senior care facilities (including nursing homes and long-term care facilities) are each "closer" to the threat of Pandemic Influenza and greatly educated on relevance of a potential Pandemic to their day-to-day operations. Also, such communities regularly interact with government and public health representatives, and, as such, do not demonstrate high levels of distrust or confusion as to the potential for greater engagement with the Department of Public Health on this issue. Other communities, however, such as childcare facilities (both commercial chains and in-home facilities), some private schools, and homeschooling families/organizations, consistently declined participation, or in at least one set of free responses,[5] expressed outright distrust of government programs and outreach.

Particularly curious, however, was the mixed reception and participation by local institutions of higher education, including those with dedicated student health centers or initiatives. Despite repeated, respectful, and multi-channel invitations to engage, roughly half of all area schools of higher education ultimately declined to engage on the topic. Each community—and additional sub-communities not listed here—along with the methodology used to engage them, and the results and feedback gathered are explored in greater detail in later portions of this report.

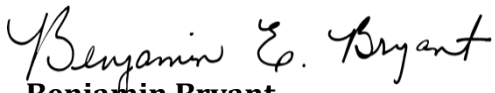
The assessment found, above all, that communication and future engagement with sub-strata of the community must be targeted to be effective, and for many audiences, begin with remedial relationship establishment and building. Tools and tactics to educate about the importance, and most importantly, relevance, of Pandemic Influenza planning must be targeted and specifically appropriate to each audience. While the date of the next Pandemic cannot be known, communication must be constant and continuous, building steadily and carefully a level of trust and partnership that can then be leveraged optimally in the event of a new Pandemic threat and related community education and vaccination requirements. Specific tools and tactics appropriate to various audiences in the Virginia Beach community are identified and discussed as part of the recommendations of this report.

While targeted and focused outreach to each community is recommended and encouraged in this assessment, the team has further identified continued partnership with *Virginia Beach City Public*

[5] Full Survey Data, including free response data, is included as Appendix D.

Schools and a dedicated outreach to *congregations and faith based communities* as two areas of recommended priority and focus in order to reach the largest and most diverse number of citizens—including those from highly vulnerable or traditionally disenfranchised populations—as focused outreach to both of these community members has the largest ability to reach beyond their own constituencies.

These recommendations serve the goals—shared by both the Virginia Beach Department of Public Health and the BZ Assessment Team--of widening the reach of Pandemic Flu **education, preparation**, and **vaccination** with the most efficiency and effectiveness. These findings can provide effective guidance for the prioritization and allocation of limited outreach resources for Pandemic Flu planning.



Benjamin Bryant
Assessment Team Chief

III Mission, Approach, and Methodology

As contracted by the Virginia Department of Health and confirmed through discussions with the Virginia Beach Department of Public Health, the mission of the BZ's assessment team was as follows:

> [To] assess Virginia Beach Department of Health's community partners and evaluate current preparedness, response and resource effort of these various partners to further improve upon future planning for Pandemic Influenza and more specifically improve upon planning and outreach efforts that were identified as not as successful during the 2009 H1N1 influenza Pandemic.[6]

The assessment and recommendations in this report were completed over a two month period, from 31 May 2011 – 30 July 2011, by a contracted team of independent healthcare and healthcare communications/outreach experts with the Bryant Zamberlan Group ("BZ"). BZ is a strategic communications firm contracted by the Virginia Department of Health to complete an independent and impartial assessment and corresponding report.

The team's members brought more than 75 years combined healthcare, healthcare communications, and large-scale public outreach experience to the project, and included Major General (retired) Gale Pollock, former Acting-Surgeon General of the Army (and the Service's top ranking nurse) as a senior advisor. Final composition of the assessment team included MG Pollock; Benjamin Bryant, a former Strategic Communications Advisor to the Deputy Assistant Secretary of Defense for Force Health Protection & Readiness; Bill Yamanaka and Beverly George, senior communicators with backgrounds in both public and private sector healthcare projects and outreach; Renee H. Faulk, a certified Project Management Professional and senior outreach specialist; and Thomas J. Zamberlan, a veteran technical editor and process manager for large-scale assessments and reports. BZ staff and research assistants, as required, provided additional support.[7]

The largest challenge for the assessment team and the comprehensive effectiveness and accuracy of the assessment itself was the constrained time frame. Though there was mutual agreement by both the Department of Public Health and BZ that a six- to eight- month time frame would be most ideal for an assessment with the goals and scope required, various constraints, including time and funding constraints made a roughly two-month, compressed time-frame the only workable option in a real-world setting.

[6] The original Commonwealth of Virginia Department of Health "Statement of Needs" is reproduced in full as Appendix A.
[7] A full assessment team roster is included as Appendix B.

Further complicating the challenge of a compressed time frame was the fact that the two-month period of performance encompassed two Federal and State holidays, and for many of the targeted sub-communities, fell at either a time (the first two months of Summer) of high internal engagement and commitments (local businesses and employers, for example) or reduced-staffing and partial shut-down (private schools, college and university health and student services functions) limiting the team's ability to engage in any fashion with a qualified, appropriate, or authorized representative of the community or sub-community in the allotted timeframe.

The assessment team's challenge—one the full team was happy to accept—was to provide as complete, comprehensive, and accurate an assessment and report, with enough accurate research and information gathered to provide credible findings and practical recommendations to the Virginia Beach Department of Public Health. This was accomplished via the following four, specific, semi-concurrent phases:

Contextual Information Gathering

As a first step following consultation with representatives of the Virginia Department of Health and Virginia Beach Department of Public Health, clarifying timelines and requirements, the team undertook a comprehensive literature review of existing assessments, studies, reports, news articles, published research, and resources with regard to Pandemic Influenza education, preparation, and vaccination (as well as comparable healthcare issues and initiatives in cities and environments with shared characteristics) with the goal of identifying common themes relevant to this assessment, existing best practices and lessons learned, and existing resources for use or inspiration in the crafting of a comprehensive outreach for Virginia Beach.

Additionally, members of the assessment team met with our internal senior medical advisor for initial assessment and validation of the team's approach, as well as a number of subject matter experts in the mid-Atlantic region including those at health systems in Northern Virginia and in comparable communities along the New Jersey shore, and emergency/health planning and response teams from other municipalities and regions. Subject matter experts were contacted via e-mail, phone, and in-person and, at times, group conference calls were arranged to discuss the issues in a "roundtable" format.

In addition to identifying key themes, best practices and lessons learned, and existing resources, the contextual information gathering phase facilitated the team's identification of items for further exploration within Virginia Beach's local communities and institutions, as well as provided additional clarification on which communities and institutions—and what related audiences and issues—merited further exploration in the survey/meeting phase.

Surveying and Meeting with Communities of Interest

Specific Communities of Interest, as well as local institutions, were selected for active engagement in either through direct instruction by the Statement of Needs/contract with the Virginia Department of Health, which identified a specific list of communities and engagement for specific engagement, or through the organic information and assessment process which gave the

assessment team insights into ancillary and additional sub-communities of interest to the stated goals and requirements of the assessment.

As a result, specific focus and engagement was made with the following communities, institutions, and sub-communities within Virginia Beach:

- Childcare Facilities
- Educational Institutions (public and private grade and secondary schools, colleges and universities, and home schooling parents and associations)
- Senior Care Institutions (including Nursing Homes and Long-Term Care Facilities)
- Private Healthcare Systems and Providers
- Church Congregations and Faith Based Communities
- Large Employers
- Low-income populations*
- Rural populations*
- Young Adults (aged 18-24)*
- Non-English-speaking populations*

** Explored as either individual communities and/or sub-populations of the above key Communities of Interest*

Nearly 160 community-based Virginia Beach organizations were identified and contacted via e-mail, telephone, site visit, (or a combination of all three methods), in an attempt to secure their completion of the VDH Pandemic Influenza Survey.

The number of community-based organizations directly engaged with, breaks-out as follows:

- 46 Congregations/Faith-based Communities (representing 8 different faiths: Baptist, Buddhist, Catholic, Episcopalian, Jewish, Lutheran, Methodist, Muslim)
- 18 Senior Care Facilities
- 25 Private Schools
- 36 Child Care Facilities
- 2 Hospitals/Private Practices (Corporate Division)
- 12 Institutions of Higher Learning
- 16 Home Schools
- 8 Large Private-Sector Employers

Direct engagement included initial contacts by phone and/or e-mail, and additional follow-ups (2-5 direct follow-ups per engagement, averaging 3 per engagement effort) by phone or via in-person site visit.

Identification of target groups to complete the VDH Pandemic Influenza Survey was one of the most important activities and ensures that appropriate steps are taken to connect with target audiences.

Site visits helped to increase participation from Virginia Beach organizations that were hesitant to complete the on-line or telephone VDH Pandemic Influenza Survey. Site visits allowed survey

respondents to better understand why their participation was important and provided them with a visual frame of reference.

In July 2011, a total of 17 site visits were made to long-term care facilities, churches, schools, and medical practices located in Virginia Beach, Virginia.

Analysis and Evaluation

As information was gathered and survey/engagements completed, the assessment team revised assumptions, preliminary findings, and noted common themes, challenges, and opportunities among the areas and communities of exploration. Continued analysis and cross-team review and validation, as well as engagement with subject matter experts on revised assumptions and findings produced insight and analysis of the data, and allowed for fully exploring and addressing any limitations, concerns, or identified gaps in research and analysis in preparation for solidifying findings and making final recommendations in the next and last phase of the assessment process.

Recommendation Phase

Based on the data and first-hand information gathered during the earlier phases, including an objective assessment of current levels of education, preparation, trust, understanding, and urgency with regard to Pandemic Influenza—as well as existing levels of engagement, challenges and impediments identified to increased engagement and partnership—the assessment team identified key tools and tactics for implementation by the Virginia Beach Department of Public Health as part of a comprehensive and community-specific plan of action for targeted outreach.

While the report addresses overall recommendations throughout, a toolbox of specific tools and tactics with clear information on audiences, effectiveness, deployment, human resource requirements, and measurement of effectiveness (for each recommendation) is included in Section VIII of this report.

IV Identification and Definition of Key and Affiliated Communities of Interest

As discussed in the Section III, Methodology, specific Communities of Interest, including key local institutions, demographic groups, and populations were selected for active engagement (through direct instruction by the Statement of Needs/contract either with the Virginia Department of Health or through the organic information and assessment process which gave the team insights into sub-communities of interest to the assessment.

In this section, the Communities of Interest explored as part of the assessment process are identified and defined, and the relevance of each community to the potential of a Pandemic threat is explored.

Educational Institutions

During times of an emergency, it is important for the Virginia Beach Department of Health to establish relationships with daycare providers, private and public school organizations and higher education institutions. Working with our local school systems on all levels before a pandemic will decrease anxiety, confusion, and fear and improve the response during an emergency. Relationships with these groups need to be established and cultivated long before an emergency occurs to help these organizations develop and implement a response and preparedness plan for the people in which they serve on a daily basis. Additionally, Pandemic Influenza preparedness is integral in protecting the health and safety of the staff, students and their families within these educational institutions.

According to the CDC, an average of 20,000 children under the age of five are hospitalized each year due to flu-related complications and influenza causes more hospitalizations among young children than any other vaccine-preventable disease.[8] Because Pandemic Influenzas are unpredictable, it is important that the VBDPH constantly educate and communicate the importance of prevention and vaccination, as well as provide updated lessons learned with daycares, private schools, and colleges/universities. This critical information will aid each organization with their safety planning.

Higher education institutions house a population of people from many different backgrounds, cultures and sometimes from other countries. Since an influenza Pandemic is globally focused and affects all groups as well as entire areas in a short period of time, it is critical that the VBDPH establish relationships with key decision makers to identify benchmarks in advance of an event to signal college/campus response. The overall ability to respond appropriately will depend on the

[8] "School Planning," U.S. Department of Health and Human Services, accessed June 13, 2011, http://pandemicflu.gov/professional/school/. Accessed June 12, 2011.

readiness of individuals, departments, and campus community within each organization/institution.

Nursing Homes and Long-Term Care Facilities

Nursing homes care for a very vulnerable population and the impact of Pandemic Flu on care homes, especially if unprepared may have a major effect on the rest of the health and social care system, according to the Oxford University Press on behalf of Faculty of Public Health.[9] Since the Virginia Beach Department of Health is already heavily invested in Pandemic preparedness, it is a crucial need to collaborate planning and dialogue with local nursing homes early on to best meet the needs of this sensitive population. Nursing homes will have to make vital decisions and provide care to older adults who will not be on the initial priority list for vaccine. Moreover, hospitals will experience a census rise and beds will be quickly overwhelmed. Moreover, hospitals will experience a census rise and beds will be quickly overwhelmed. As noted by the U.S. National Library of Medicine, National Institutes of Health, nursing homes may even be even be asked to provide surge capacity for hospitals in the event of a serious pandemic, creating further opportunities for transmission to and among staff and resident populations.

Private Healthcare Providers

Primary care physicians have an important role in preparation for an influenza Pandemic and caring for patients during a pandemic. However, what has been learned from past Pandemics is that physicians are willing to serve during a Pandemic but do not have the time to fully engage themselves in pandemic planning activities, according to findings in an article published in the July/August 2008 issue of the Journal of Public Health Management and Practice.

Additionally, government support and the availability of resources affect a physician's level of involvement. During a survey of 86 physicians by the University of North Carolina to test the perception of preparedness, results show that physicians are not confident in the preparedness plans. But after the 2009 Pandemic, many physicians realized their important role in managing the threat of Pandemic Influenza. Pandemics require major attention from physicians since their offices are gateways to a variety of people.

Congregations and Faith Based Organizations

Churches and other places of worship are respected and trusted by the people they serve and are a credible source of information for a variety of different populations. According to Gallup, frequent church attendance was up in 2010 (January–May) with 43.1% of Americans self-reporting that they attend at least once a week or almost every week.

For some segments of the populations, trust in local government is limited, and these faith-based organizations will serve as a link to provide critical communications before, during, and after a pandemic event. They will play a critical role in education and outreach—preparing their

[9] G. Fell. *Preparedness of Residential and Nursing Homes for Pandemic Flu*, Oxford University Press on behalf of Faculty of Public Health, 2008.

congregations and teaching appropriate strategies for disease prevention and control in a Pandemic. Additionally, congregations and faith bases organizations help deliver a variety of critical services to vulnerable populations within their communities.

Large Employers and Workplaces

Places of employment are often underrepresented in healthcare planning, despite the role of any given work location—particularly the largest ones in any community—potentially serving as places where the spread of influenza can either be facilitated or inhibited. As a regular gathering place for a sometimes disparate grouping of citizens (Various age groups, socio-economic statuses, local neighborhoods of communities of origin, religions, cultural groups, etc. are brought together daily for interaction amongst each other and with clients, customers, and vendors. This is especially true of larger area employers), workplaces can and should be an essential component of healthcare planning for viral and Pandemic threats to the community.

Additional Relevant Communities and Sub-Populations

The sub-populations below can be found in some, if not most, of the key Communities of Interest already identified, but often have unique and specific concerns with the potential to impact healthcare-related perceptions, priorities, and choices, and thus were determined to be of significant enough concern to merit independent exploration as part of the assessment process.

Low-Income Populations

Low-Income persons are more likely to be un- or under-insured and view healthcare considerations through the lens of cost—real or perceived. Outside of urgent necessity, healthcare, particularly preventative care, may not be of the highest priority. Correspondingly, low-income and under-insured populations are less likely to actively engage in regular preventative (and too often, expensive) healthcare services, choosing to prioritize acute healthcare threats when it comes to effort and expenditure; and exposure to healthcare messaging—often delivered in relation to other healthcare systems or via more expensive technological platforms—risks lesser penetration among low income populations.

Low-income populations often live in smaller, more concentrated, residences and residential areas, increasing risk of exposure and spread of viral illnesses like influenza, while decreasing the likelihood of prompt reporting and seeking of treatment (again, due to cost concerns). General messaging about available vaccinations, for example, without addressing the question of cost, may have less impact on this population, otherwise receptive to messaging tailored to larger audiences to which they are members (e.g., church congregations), and indeed may be ignored outright if seen as being part of something "priced-out" of the day to day lives and priorities of this key population.

Rural Populations

Rural populations are more likely to be aware—and less likely to avail themselves—of community healthcare initiatives that are held in nearby urban environments, especially if professional and leisure pursuits lie closer to home. This is as true in the Virginia Beach area's rural areas, such as

Creeds, Pungo, and Blackwater, each in the area of responsibility covered by the Virginia Beach Department of Public Health.

Understanding the similarities and differences of rural vs. urban and suburban populations in Virginia Beach in terms of healthcare priorities, practices, and opportunities for education, preparation, and vaccination were identified by both the Department of Public Health and the assessment team as meriting independent exploration.

Young Adult Populations (including those not attending colleges or universities)

There is a great variation in the healthcare education and treatment capacities of area colleges and universities, including significant variation among residential, four-year institutions, and a significant number of young adults, aged 18-24, old enough to make autonomous healthcare decisions, who are not affiliated with any college or university in the area. As stated goals are to increase messaging to, and ultimately participation by, this key demographic, the assessment team looked at this larger population subset, of which the targeted college and university communities comprise a significant part.

Elderly populations

While many elderly men and women in Virginia Beach are nursing home and long-term care facility residents, many more lead independent lives, living in their own residences or with family members. Assessing the outreach requirements of nursing homes and long-term care facilities alone, does not assure a complete understanding of how to reach the elderly population in Virginia Beach and assure education, preparation, and vaccination of this exceptionally vulnerable group in the face of a Pandemic threat.

Though the elderly are often members of congregations, patients at private healthcare practices, or otherwise affiliated with the previously identified Communities of Interest, the way they receive and respond to messaging, even community-specific messaging can be dramatically different. As elderly populations may be more comfortable with more traditional forms of communication, for example, a new media outreach tool or tactic targeted to a larger Community of Interest may have far less impact and success among older members. For this reason, the team felt it appropriate to further explore this sub-population in greater depth.

Minority (including non-English-speaking) populations

There are many reasons why the varying minority populations of Virginia Beach may receive, process, and/or respond to healthcare messaging and calls to action differently than the majority population (or even fellow minority groups). This includes the more obvious factors such as race, language, religion, or national origin, but also extends deeper within communities to encompass historical distrust of majority- or government-led initiatives; differing ideas about gender, familial, and even sexual propriety; or the highly insular and isolated nature of sub-communities separated by significant language or religious barriers (which can lessen exposure to messaging and information).

As such, the assessment team remained particularly vigilant with regard to minority (racial, ethnic, social, religious, and cultural) sub-communities within each community explored, as well as aware of traditional issues of trust and perception on healthcare matters in current and recent American experience.

V Community Engagement: Findings, Analysis, and Recommendations

Child Care and Early Education

Home-based child care centers are the most common form of child care centers in this country, especially for younger children.[10] Parents may choose family child care for its intimate, home-like setting, flexible hours, consistency of care-giver, and small group size. Nationally known child care centers are also an option for parents. Whether home based or commercially run, the safety and well-being of children is always top priority since young children can be most vulnerable for certain strains of deadly flu, and groups of children can quickly transmit the flu to each other. During times of an emergency, it is important for the Virginia Beach Department of Health to establish relationships with daycare providers. Working with this group on all levels before a pandemic will decrease anxiety, confusion, and fear while improving the response during an emergency. A relationship with this group needs to be established and cultivated long before an emergency occurs to help child care centers develop and implement a response and preparedness plan for the children for whom they serve on a daily basis. Additionally, pandemic influenza preparedness is integral in protecting the health and safety of the staff, students and their families within these child care centers.

According to the CDC, an average of 20,000 children under the age of five are hospitalized each year due to flu-related complications. Influenza causes more hospitalizations among young children than any other vaccine-preventable disease. Because pandemic influenzas are unpredictable, it is important that VBDPH constantly educate and communicate the importance of prevention and vaccination, as well as provide updated "lessons learned" with child care centers. This critical information will aid each center with their safety planning.

Methodology

A combination of commercial and private home-based child care centers were selected by VBDPH and the Assessment team to participate in the Pandemic Influenza Study. The evaluation was designed to assess what Pandemic Influenza planning is already in place within the Virginia Beach child care community and where VBDPH can step up to do more in support of Pandemic Influenza planning and response. After selection of the child care centers, the Assessment team designed a 10-question survey that all selected child care centers were requested to complete electronically, or via telephone with a team representative.

Child care centers were contacted via email or telephone by an assessment team member who introduced the Pandemic Influenza Study being conducted by VBDPH. Initial or follow-up e-mails further included the letter signed by VBDPH explaining and authorizing the survey and an

[10] D. Paulsell, T. Porter, et. al. *Supporting Quality in Home-Based Child Care,* Mathematica Policy Research, 2010.

electronic survey link. Assessment team members monitored results daily to establish which child care centers completed the survey and which had not yet responded, and identified requirements for follow-up. Additional follow-up phone calls were made (most child care providers were contacted 2-3 times by assessment team members), including follow-up phone calls to those who indicated a willingness to engage with the team on the topic, but had not yet responded to additional contact attempts. More extensive phone calls were had with the headquarters and regional/district management offices of several national child care/early education chains (KinderCare Learning Centers; Childtime/LaPetite Academy), which each have large presences in the Virginia Beach/Hampton Roads area. Of the 48 child care centers identified for survey participation, only six (12.5%) completed the Pandemic Influenza Survey, despite repeated follow-ups, offers to visit sites personally, and even commitments by both local providers/district managers to complete the survey "soon" only to be unresponsive to all future attempts at contact via phone, e-mail, or fax.

Challenges

The biggest challenge was lack of survey participation from child care center owners. Ultimately, child care workers, who have literal custody of one of the most traditionally vulnerable populations in any area, including Virginia Beach (small children), proved among the most non-responsive, disinterested, and, at times, hostile respondents. The response level was low no matter what communication method was used to contact the child care center owners: email, letter, fax, or telephone. The lack of participation or interest continued from the smallest in-home child care center contacted, through the multi-location national chains—KinderCare, Childtime, and LaPetite—whose national and district management offices, while friendlier and more engaging on the telephone, expressing passionate commitment to prevention and preparation regarding Pandemic Flu, ultimately ignored all future attempts at survey or engagement.

The challenge was best summed up by one child care center owner who, when telephoned and asked if she received the emails encouraging participation in the study, stated, "If I was interested, I would have responded by now." In addition to lack of interest, other child care center owners blamed "time" for their inability to complete the survey. Despite a contact and follow-up period spanning almost two months, and even after assuring a child care center owner that the survey would take less than seven minutes to complete via telephone, the response was, "I don't have seven minutes to complete the survey…I'm not interested."

Informing child care center owners that they were being contacted at the request of VBDPH commanded their attention. However, interest quickly plummeted when the owners realized that the reason for the call was engagement on Pandemic Flu preparation. One child care center owner asked, "Is it mandatory? If it's mandatory, I'll take it. If it's not, I won't." Receiving a telephone call on behalf of VBDPH efforts was enough to command attention from child care center owners but not enough to garner their full survey participation. If the call from VBDPH was not related to an issue unique to the center being called, then child care center owners were reluctant about participating in a survey, believing that their homes, efforts and readiness were being assessed. One child care center owner justified her lack of preparedness by shifting responsibility, "I watch military kids," she explained. "All their shots are taken care of at the military hospital."

Recommendations

The assessment team recommends the VBDPH begin building relationships with the owners of child care centers when they apply for their state licenses. This can be accomplished by partnering with government and community agencies that already have an established relationship with this population: Virginia Department of Social Services, Child Care Licensing Agency, Virginia Child Care Resource & Referral Network, to name a few. In addition, the VBDPH should maintain its own, dedicated registry identifying child care center owners and location managers, along with contact information; and include these individuals on VBDPH mailing and emailing lists, as appropriate. While relationship building is a slow process, the payoff will be a stronger relationship with child care center owners and an increased likelihood that this population will begin to transform their perception of VBDPH from "enforcement agency" to "ally."

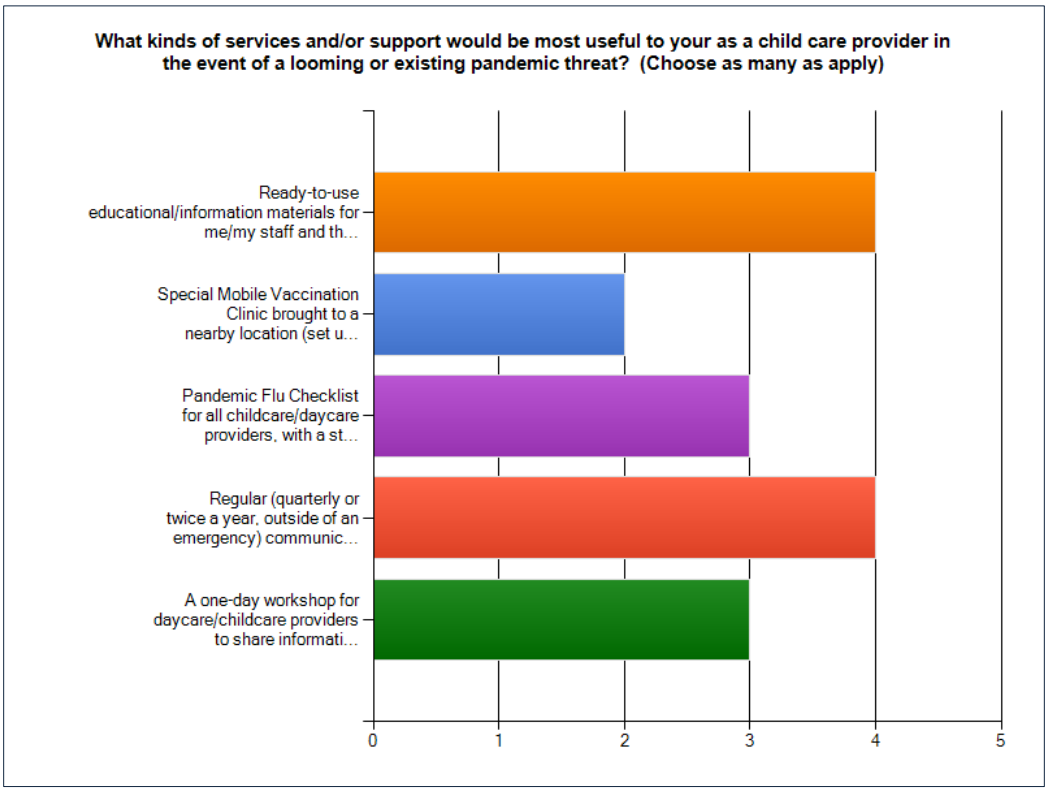
VBDPH's visibility at child-friendly events (e.g., museums, playgrounds, amusement parks) is another way it can become a familiar presence within the child care community and one step in the broader goal of educating parents as to the questions they should be asking of child care providers with regard to preparation for Pandemic Flu.

Parents hold a unique card that commands attention in the busy, often stretched-thin (and occasionally outright disinterested) world of child care: they are the consumers, with the freedom to take their child, and payment, to an alternate provider at almost any time. The more parents are educated and concerned as to the level of awareness, preparation, and planning held by those who watch their children—the more these parents ask questions and establish such issues as some of their selection and retention factors, the more likely this large group, with daily and direct oversight of one of Virginia Beach's most vulnerable populations, will have a business incentive—outside of a personal or civic one—to work more closely with the VBDPH on these matters.

This transition from "agency" to "ally" in perception by child care professionals and increased engagement by educated parents, who hold the commanding position of consumer in the child care market, is especially important, because assessment team research found that many child care centers were unaware of the role VBDPH plays in pandemic or seasonal flu preparation, recognition, and avoidance. The majority of child care center respondents, few though they were, welcomed the idea of establishing regular, on-going communication with VBDPH, believing that the resources offered by VBDPH would make them smarter with regard to the prevention, recognition, and reporting of signs of pandemic or seasonal flu—and the steps they can take to prevent its spread among children.

The members of the child care community who did complete the survey selected the following as desired resources from the VBDPH in advance of a Pandemic threat:

Figure 1 - Child Care Survey, Desired Resources Responses



Public Schools

Introduction

The Virginia Beach City Public School system is one of the largest school districts in Virginia, serving nearly 70,000 students in grades K-12. The school system is comprised of 56 elementary schools, 14 middle schools, 11 high schools, and a number of secondary/post-secondary specialty centers, including the Renaissance Academy, Advanced Technology Center, Technical and Career Education Center, and Adult Learning Center. Virginia Beach City Public Schools educates students from many different backgrounds, cultures and, sometimes, from other countries. Virginia Beach City Public Schools includes representation from Caucasians (51%), Blacks (25%), Hispanics (9%), Asians (6%), Indians (0.3%), Islanders (0.5%), and American Indian/Alaska Native (0.4%). The volume of students and their various backgrounds necessitates the maintaining of a solid working partnership between the public school system and the Virginia Beach Department of Health, prior to, and during health emergencies, including flu pandemics.

Partnership with the VBDPH and Virginia Beach City Public Schools, at all levels, in advance of a Pandemic threat decreases anxiety, confusion, fear and improves the response during an emergency. Additionally, pandemic influenza preparedness within Virginia Beach City Public Schools is integral in protecting the health and safety of staff, students and their families.

Since any Pandemic threat has global implications and the potential to affect varied groups, as well as entire areas, in a short period of time, it is critical that the VBDPH maintain relationships with key decision makers within Virginia Beach City Public Schools to identify benchmarks in advance of an event to signal response. The overall ability to respond appropriately will depend on the readiness of administrators, staff, and students. Because pandemic influenzas are unpredictable, it is important that VBDPH constantly educate and communicate the importance of prevention and vaccination, as well as provide updated "lessons learned" to school administrators. This critical information will aid Virginia Beach City Public Schools with their safety planning.

Methodology

The assessment team met with Ms. Mary Shaw, Coordinator of Health Services for the Virginia Beach City Public Schools, for a 40-minute discussion meeting. This entity was not surveyed online, as other audiences were. It was more beneficial to have a one-on-one discussion with the school's subject matter expert to gain more insight into the best practices and lessons learned from the 2009 H1N1 pandemic outbreak.

Challenges

During the 2009 H1N1 pandemic, Ms. Shaw felt that, considering all variables, the partnership with the VBDPH to immunize school-aged children, their families and community was very successful. VBDPH had an excellent team of staff working on this project. There was a great working relationship between Ms. Shaw, her team of school nurses and the VBDPH. The ongoing response from the VBDPH to their needs and requests was good and everything went well. Over the course of the discussion, she shared several challenges that the Virginia Beach City Public School System encountered with the previous pandemic while working with VBDPH, they include:

- **Scheduling:** During the H1N1 pandemic, there was difficulty with school scheduling, communication with the parents and uncertainty of vaccine availability. Many of the schools' regular schedules had to be adjusted to accommodate the mass immunization clinics. In the beginning, some clinics had to be rescheduled or cancelled because there was not enough vaccine.
- **Timely vaccinations**: Completing all the schools within a reasonable time frame was difficult. The large-scaled vaccination clinics began in October and ran through the end of December. With 84 schools, and an annual enrollment of nearly 70,000, five clinics were held each day using all of their resources. Immunizations began with the most vulnerable, the elementary kids, and moved up, respectively ending with high school students. The vaccination numbers were fairly low among middle and high school students, ranging from 25-35% of the student population receiving the immunization. In comparison, approximately 50% of elementary students received the vaccination. The disparities in vaccination numbers among students, is believed to be, in part, due to a number of consent forms "never making it back to the schools" once the parent signed them.
- **Consent Forms**: Reviewing consent forms consumed a great deal of time because the school nurses had to carefully review them prior to a child receiving the vaccination. Due to the absence of parents and certain immune or health compromises for some students, this

was a very careful and cautious process. Additionally, many of the parents did not fully complete the form, which slowed the process down because follow-ups with parents had to be made. The forms were made available to the parents via different delivery methods: email, student-parent delivery, pick-up in the school's office, or special editions of an "Apple-A-Day" newsletter.

- **H1N1 vaccine vs. seasonal flu shot availability**: A lot of physicians, primarily Obstetricians/Gynecologists, did not have the H1N1 vaccination but did have stock of the seasonal flu. Because these physicians did not have the H1N1, they would give the seasonal flu shot in its place This caused a great deal of confusion because many [pregnant] students who went to their physician to get their H1N1 shot did not know which shot they received because they were not given any communication identifying what shot had been given. Although the confusion stemmed from the physician's lack of documentation, resolution of this issue required more time and attention from the school's clinical staff, when providing the H1N1 vaccination to this group of students.
- **Media and Communications**: An area where the VBDPH could and should improve would be media and communications coverage. More than anything, the media required constant updates about the status of outbreaks and vaccinations. There wasn't a day that went by that didn't require contact with the media because they would bombard the school's administrative offices with calls on every issue. The school has a big communication department that handled the media and public relations during the 2009 pandemic. However, this is one area where VBDPH was lacking and did not have staff to attend to the media and their urgent requests. There has to be a dedicated point of contact to handle the media from the beginning of a pandemic.
- **Other concerns**: Services could not be extended beyond the network of grade schools to the other groups (post-secondary programs, such as Adult Learning Center) because the school system does not have enough resources. The resources were maxed out serving its 75,000 Iin the first para about schools, you say 70K, which is it? Be consistent)students and their families. However, building space could be loaned to the VDBH for large vaccination clinics and other health initiatives.

Recommendations

Existing relationships with the public school system are strong and should be maintained. Continued cultivation of these relationships before an emergency maximizes the development and implementation of a response and preparedness plan catered to meet the varying needs of students.

The Virginia Beach Department of Health should anticipate and accommodate expansion of media and communications support related to major endeavors with the school District, specifically a seasonal and pandemic flu point-of-contact to handle all media and communication inquiries. This would free medical professionals to focus on the urgent work at hand while increasing the reach and effectiveness of all endeavors through the regular provision of accurate and timely information to the public and key target audiences, quickly tracking and correcting inaccuracies in coverage.

During the last flu pandemic, the perception within the school district was that the Virginia Beach Department of Health was low on staff and could not meet the public demand for information. Low communication resources within VBDPH meant heavy reliance on the Media and Communication Team within the Virginia Beach City Public School system, which strained their already burdened resources. The assessment team's interview with Mary Shaw highlighted the importance of a designated VBDPH media and communication representative , as Ms. Shaw noted, "nothing gets done, if people don't know what to do." Timely and accurate communications for the duration of the crisis ensure more people "know what to do."

Partnering with media outlets (television, radio, print, and Internet) to help communicate relevant information about seasonal and pandemic flu will help take the burden from VBDPH and the Virginia Beach City Public School system, allowing these two organizations to focus on prevention and treatment. It is important for the media to deliver concise, clear public health messages for the Virginia Beach community.

Previous pandemic efforts included the distribution of parental consent forms for Virginia Beach City Public School students to provide to their parents for signature. The forms were difficult to understand and required multiple signatures in multiple locations on the form. Virginia Beach City Public Schools recommends that future consent forms are shorter and require fewer signatures.

During the previous pandemic, nasal vaccinations for elementary school students were conducted in two-part sessions. It required too many Virginia Beach City Public School resources to stage multiple vaccination sites, spread across months, for the same children to receive the second dose. School administrators recommended that future vaccinations involve only one dose of medicine and nasal vaccination avoided. Generally, nasal vaccination was not a great option for elementary school students that suffered from asthma and other health issues that prevented them from ingesting the vaccination nasally.

Colleges and Universities/Non-Enrolled Young Adults

Influenza is one of the most common viruses transmitted from student to student on college campuses. Given the crowded, communal lifestyles of college students, a pandemic (or seasonal flu) outbreak is highly likely to spread very rapidly. College campuses are also the most logical way to reach local concentrations of young adults, aged 18-24. It is worth noting that the capabilities of higher education institutions to respond to a large scale emergency are as diverse as the demographics of their student populations. However, most can benefit from working together with campus and community partners to effectively manage emergencies.

Methodology

The assessment team contacted identified a comprehensive list of 4-year, 2-year campuses (both traditional brick-and-mortar residential campuses and smaller, commuter institutions) in the Virginia Beach area, as well as several satellite locations for non-local (including national and "storefront" chains) institutions. The team developed a survey (able to be completed via phone, e-mail, or during an in-person site visit) of 10 key questions relevant to Pandemic Influenza education, preparation, and vaccination on college campuses. Initial engagement consisted of

information-gathering, introductory phone calls (to institution points-of-contact responsible for student health centers and/or programs), follow-ups via e-mail, fax, and telephone, and the provision of the survey via e-mail, whenever an e-mail address was available and/or given to the team by the institution.

When, despite in-depth phone calls introducing the survey, response to the survey was initially light, a second round of contact was initiated for the original group of institutions contacted. This included resending the VBDPH authorization letter, breaking out contact information for VBDPH POCs able to verify the legitimacy of the engagement process, and providing an advance copy of the survey questions to dispel concerns, allow for advance composition and approval of answers. Throughout the process, contact with additional institutions, including commuter schools, satellite campuses, and for-profit chains continued as scheduled, incorporating some or all of the techniques and information listed above.

Four site visits were attempted, though in all cases, appropriate contacts were unavailable to meet with the assessment team, either due to vacations, partial closings of health facilities, and a lack of clarity as to who should meet with the team on the part of the school.

As primary college outreach was at the institutional level, and to gain perspective into the similarities and differences regarding outreach to young adults, aged 18-24, who are not enrolled in area colleges or universities, the assessment team held conversations with both full/part-time students and non-student 18-24-year olds, informally discussing the same issues as discussed with representatives of colleges and universities.

Overall Assessment

At the institutional level, there is exceptional diversity in the level of healthcare education and services provided by area schools of higher education. Some, typically 4-year residential, colleges have full healthcare centers and/or programs with staffed medical professionals and a robust, year-round cycle of education, prevention, and treatment options. Others have more limited health care offerings, while still others, particularly smaller and non-residential schools, have little to no health care specific offerings for students.

At some institutions, health care professionals administer health care programs, while others roll student wellness into broader student services populations under academic or student services administrators. This diversity in structure, organization, and approach, resulted in an equally diverse set of healthcare offerings, initiatives, and priorities. It quickly became apparent to the assessment team that, from an institutional viewpoint, there was no one assessment of Pandemic Flu preparedness to be extrapolated and/or generalized from Virginia Beach area colleges and universities.

It should be noted that, as with private schools, the compressed time frame and specific months covered by the assessment period appeared to have an impact on our ability to accurately engage with all institutions in a meaningful way. The start of the assessment period overlapped with end-of-semester and graduation activities and the bulk of the balance of the assessment period

overlapped with non-academic semester periods, when health centers and/or institution staff were frequently working reduced hours or out of the office altogether.

However, it should also be noted that some institutions, Tidewater Community College in particular, reacted in a resistant, and at times hostile manner, to attempts to engage via e-mail and phone on this topic. Dean Marilyn Hodge informed team representatives that while she had received the survey in mid-June, she had "no anticipation or intention of completing it anytime soon," and requested the team no longer follow-up with her or the school "on this or any other matter." Others, including Valerie Covington, Director of Health Services at Virginia Wesleyan University, indicated strong agreement with the aims and intent of the assessment when contacted by the assessment team—and agreed to complete the survey—but ultimately neither returned the survey nor responded to repeated, respectful follow-up attempts via phone, fax, or e-mail prior to the assessment close. Representatives of commuter and national chain/for profit institutions frequently indicated a lack of authorization to speak without corporate approval (or at all), though one administrator did complete the survey anonymously, indicating a high need for additional information and resources from the VBDPH, when possible.

Thus our primary assessment regarding colleges and universities is that, though the total number is small, the diversity in priority, approach, willingness to partner on healthcare initiatives, availability, and level of opportunity for the VBDPH is as varied as there are institutions themselves. Whether this is mostly a snapshot of a busy and demanding time for institutional representatives, or reflects a greater, longer-term resistance to community health initiatives is something worth further exploration.

As for young adults, aged 18-24, outside the institutional structure of the college/university health care centers and programs, the assessment team found an expected "sense of invincibility" among this broadly healthy age group and a lack of understanding regarding the differences between seasonal flu and more significant and serious Pandemic Influenza, leading to a lack of urgency on the topic. Almost no young adults spoken to by the assessment team could identify a specific source for resources on Pandemic Influenza, but all expressed confidence that such information could "easily [be found] on Google."

Challenges

From an institutional standpoint, the sheer diversity of the type, comprehensiveness, and nature of health care offerings for students means that each institution will require different resources and levels of support. There is also an apparent level of resistance to community health initiatives generating outside of the school itself, though the level of such resistance could not be accurately gauged under the assessment conditions. Initially, significant time and effort may be required to better understand each institutions specific needs, and customize outreach efforts to each one. The ultimate number of young adults, aged 18-14 (as well as related faculty and staff) reached by such efforts will be significant, especially when compared to the number reached outside of such efforts, and the assessment team believes this additional effort will be well-rewarded.

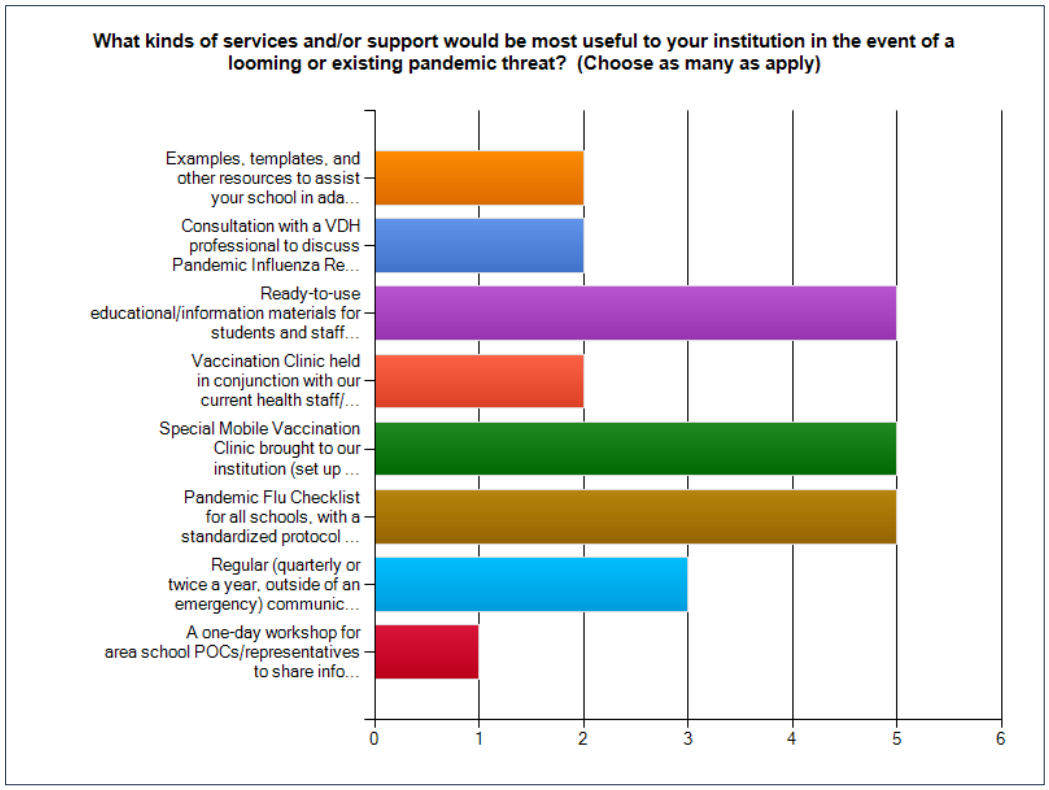
The challenge with educating and preparing young adults as a demographic continues to be the inherent difficulty in raising awareness and urgency of potential illness in a group that sees itself as

exceptionally healthy and less susceptible to illness. This places non-acute health care concerns at the bottom of the priority list for most 18-24 year olds. The team also found most healthcare information to be delivered via mediums or channels that are increasingly less noticed, registered, or relevant to this digitally-savvy generation. Tech savvy 18-24 year olds reported "not even seeing" traditional brochures, print advertisements, and posted flyers, relying instead on latest-generation technologies and social networking for information relevant to them—one even noting that if information isn't "cool" or "delivered right to [her]" she was unlikely to spend any time on it.

Recommendations

Regarding educational institutions, the Department should make no assumptions about a college or university and the health care services or capabilities of that institution—factors such as size or local prominence do not guarantee a predictable program of services, including health care education and/or treatment for students. Though various factors prevented the assessment team from gaining detailed insights into each institutions offerings and methods of delivery (particularly of community health information), and in fact ran into outright resistance at institutions such as Tidewater Community College, the assessment team encourages the VBDPH to continue to build and maintain relationships with each individual institution and provide pre-made and available resources to each institution in the manner most useful to them. Survey respondents highlighted several potential resource offerings as particularly valuable:

Figure 2 - Colleges and Universities,10



In terms of reaching young adult populations on or off college campuses, the assessment team recommends the following, based on research and our informal engagement of local and other 18-24 year old students and non-students:

- **Innovate for increased results.** To reach young adults, aged 18-24, regardless of enrollment in college or not, the key platform to deliver messaging is the Internet. As one young adult working full-time suggested, "You are missing out on a large portion of us if you aren't all over the Web." Eighteen to 24 year-olds have the Internet fully integrated into their daily lives, through schools, the workplace, community resources, and many "carry the Internet with them" on Internet-enabled phones, laptops, and tablets. With these technologies, including iPads, tablets, iPhones, Android devices, and Blackberries, minute-to-minute access to the Internet is a daily reality for this population.
- Becoming fluent in the trends in social networking will prove beneficial to the VBDPH (consistency) in reaching and maintaining connectivity with this population. In 2007, college kids selected Facebook as their favorite Web site. Based on the findings in the study, Facebook was most likely to be their first visit of the day. In 2011, Facebook, Twitter, and YouTube were the social networking sites with the largest traffic online.
- **Embrace emerging technologies, not just "established" innovation:** Just one example of new technology that may seem foreign to more traditional audiences, but is growing quickly in relevance among young adults is the Quick Response (QR) codes.[11]
    - QR codes are two-dimensional bar codes that can contain any alphanumeric text and often feature URLs that direct users to sites where they can learn about an object or place (a practice known as "mobile tagging"). Decoding software on tools such as camera phones interprets the codes, which represent considerably more information than a one-dimensional code of similar size.
    - QR Codes are an emerging technology that used correctly can work to a campaign's advantage. However, they are not the ultimate solution. There must be a strategy in place when utilizing them; a best practice is to have them accompany a mobile web strategy. Small in size, the code pattern can be integrated into an image on posters, in newspapers, magazines, or clothing, inviting passers-by to pull out their mobile phones and uncover the encoded information.
    - As a result, QR codes may lead to widespread thinking and innovation around information connected to locations and objects. This is an example of how new technologies can be leveraged by the VBDPH to share important health information before, during and after a pandemic as well as for ongoing health initiatives throughout the year. Because the generation of QR codes is free, they might even be printed as stickers or added to existing campaign material.
- **Change the message and emphasize what works**: Delivering a message that "they are in great danger if they don't get vaccinated" to the age 18–24 group is not helpful because this particular group has an "it can't happen to me" outlook on life.

[11] "Seven things you should know about QR codes," Educause Learning Initiative, 2009.

- The FCDH learned that it was best to alter the messaging to emphasize "taking care of my family" helped battle the "I am invincible" mentality of this population.
- The Centers for Disease Control and Prevention (CDC) asserts that the simplest, most effective method of disease prevention is hand washing. But even with constant messages and reminders, students don't comply with the hand-washing standards and continue to spread germs in food courts, libraries, fraternity/sorority houses, and other frequently visited campus locations.
- A hand washing study conducted in a mid-sized university found that common threats used in hand-washing campaigns, spreading germs and getting sick, were not relevant enough to cause a behavior change in the target audience. However, emphasizing the "grossness" of not washing hands, such as urine and feces on hands, showed the highest behavior change. Introducing a "disgustingness" to the messaging may contribute to student beliefs about what constitutes healthy hygiene habits.[12]

Senior Care (including Nursing Homes and Long-Term Care Facilities, as well as other, unrelated senior populations)

Nursing homes, and long-term/senior care facilities care for a very vulnerable population. According to the Oxford University Press, the impact of a pandemic flu on senior care, especially those facilities that are unprepared, may have a major effect on the rest of the health and social care system.[13] Since the Virginia Beach Department of Health is already heavily invested in pandemic preparedness, it is essential to collaborate planning and dialogue with local nursing homes to best meet the needs of this sensitive population. Nursing homes will need to make vital decisions and provide care to older adults who may not be on the initial priority list for vaccine. Moreover, hospitals will experience a census rise and beds will be quickly overwhelmed. As noted by the U.S. National Library of Medicine, National Institutes of Health, nursing homes may be asked to provide surge capacity for hospitals in the event of a serious pandemic, creating further opportunities for transmission to and among staff and resident populations. Preparedness and community partnership with the VDH will not eliminate potential challenges for this community in the event of a Pandemic event, but offers the potential to lessen such ill effects.

Methodology

The VBDPH provided a select list of elder care facilities within the City of Virginia Beach and the Assessment team identified additional communities within the larger metropolitan area.

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[12] R. Botta, K. Dunker, K. Fenson-Hood, et al. "Using a relevant threat, EPPM and interpersonal communication to change handwashing behaviors on campus." *Journal of Communication in Healthcare,* 1, 373-381 (2008).

[13] G. Fell. *Preparedness of Residential and Nursing Homes for Pandemic Flu*, Oxford University Press on behalf of Faculty of Public Health, 2008.

The Assessment team developed a short (10 questions/8–10 minutes) survey—able to be completed electronically, via telephone, or during an in-person visit—to assess existing Pandemic Influenza planning already in place and discover where the VBDPH can do more in support of Pandemic Influenza planning and response.

Overall Assessment

All of the communities surveyed have a pandemic influenza plan as well as emergency response plans for elopement, fire, hurricanes, and other emergencies. Findings show that the majority of the communities follow standard policies from their respective corporate offices.

Studies show that the elder care communities, consisting of nursing care and assisted living facilities in the Virginia Beach area, administer vaccinations to their residents. "Flu vaccinations are voluntary for staff and patients." What the survey revealed is that within the corporate-owned and privately owned facilities, the elder population is receiving vaccinations as well as being educated about the topic. The nursing staff and administration within these organizations may be vaccinated as well--but on a voluntary not mandated basis.

One respondent noted that, "more than often during a pandemic, people make a huge scare when panicking isn't the way to go. Just make sure you're vaccinated, wash your hands. Clean hands are the best way to prevent the spread of diseases." "If someone is stricken with the flu, we isolate, feed in rooms, and wipe down on a regular basis. We send notes to the family asking them to stay away from visiting their loved ones until the incident can be isolated and treated."

Challenges

More small, even informal, "mom and pop" senior homes/daycares are not accounted for and apparently more prevalent than initially realized. Moreover, the elderly that live in private homes are normally on fixed incomes and either have little or no health insurance limiting their access to general and emergency health care. These informal care centers require more research and investigation to insure care of elder persons during a pandemic.

Recommendations

One community stated that the VBDPH handles everything very well and often sends emails/updates that are read by the administrators and the nursing staff. This feeling was echoed by other communities as well. Although, they have their own plans, they rely on the daily updates and follow-up letters/emails that the VBDPH sends out during a pandemic. "The Department of Health has been very helpful with working with us through procedures and found to be very supportive. To ensure we are following the right procedures and proper protocol, we contact the VBDPH to ask questions during seasonal and pandemic flu outbreaks."

Recommendation is continuing the ongoing communication that the licensed communities rely upon but also provide the requested information and services.

On more than one occasion, representatives from the elder care communities recommend that the VBDPH provide brochures/literature that people can take with them. Frequently, respondents

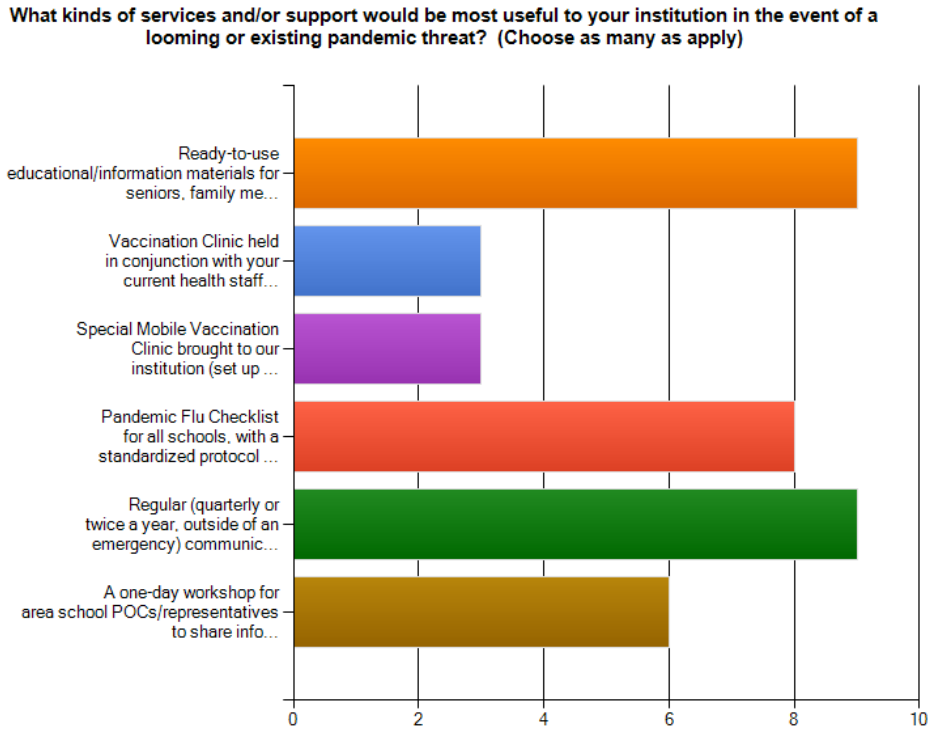
noted that flyers posted on static walls are of limited use to their community, as they are quickly passed, infrequently read, and the information is less frequently retained. Also, a variety of "take away" materials can extend the reach of the messages they contain. "Our population is elderly but we have visitors of all ages (kids, especially, are visiting all the time)," notes a center director, "so a variety of information can be useful because the audience doesn't just stop with the residents."

Additionally, many of the communities looked positively upon an increase in practical information provided by the VBDPH, including pandemic flu checklists, ready-to-use educational materials, and vaccination clinics held in conjunction with their current efforts.

The VBDPH should develop working relationships with local senior centers and non-profit organizations to reach the elder community not affiliated with elder care facilities/agencies to deliver messaging and other health department initiatives. While the messaging can be largely similar, a focus that relies exclusively (or even primarily) on reaching seniors through formal institutions will necessarily miss more active and mobile seniors, as well as those being cared for in the homes of family members and smaller, less formal, group environments.

This not an audience as easily targeted as directly as other audiences. Non-nursing home/long-term care affiliated seniors may not use media, particularly new and non-traditional media, as much as other audiences do, and may be more traditional and conservative in their thoughts and patterns. As a result, it becomes imperative to not only reach seniors through traditional media, but to also reach those who make decisions for (and/or influence the decision making of) these seniors. Improved general messaging to residents of all ages should include information regarding increased risks to an elderly population, directly drawing the connection between this increased risk and the parents and grandparents of adults. As adults are educated to be concerned about the health of themselves and their children, they should also be educated to think about the older adults in their life and what role they can play in assuring the health and longevity of the treasured seniors in their lives. As older Americans have higher rates of regular church attendance, working with faith-based organizations also increases the communications reach to a senior population.

The graphic below presents selections made by this community as part of the survey and engagement process, as to potential VBDPH products and services respondents felt would be most helpful in Pandemic Flu preparation:



Private Healthcare Providers

Per the Statement of Needs and contract specifications, and due to the exceptional time constraints, the Assessment Team focused on Sentara-owned and affiliated private healthcare providers, due to Sentara's overwhelming presence in the private healthcare marketplace in Virginia Beach.

According to a 2009 study on Hospital Viability During a Pandemic Influenza Outbreak, pandemic influenza has become a major topic among emergency managers due to the increasing influenza outbreaks in China and Asia coupled with similar concerns from biological weapons of mass destruction,[14]

This increases the need to develop new or enhance existing response and preparedness plans. There are several national policies and plans (i.e., Incident Command System (ICS), the National Incident Management System (NIMS), the Hospital Incident Command System (HICS), the National Strategy for Pandemic Influenza Implementation Plan and The Pandemic Influenza, Preparedness, Response, and Recovery Guide for Infrastructure and Key Resources) that are available and can be easily accessed on the Internet to assist both states and local areas in developing emergency management plans. Additionally, the Department of Homeland Security has provided the National Strategy for Pandemic Influenza Implementation Plan to offer general guidance. All of the aforementioned resources provide an "All-Hazards" response capability.

[14] J. Blackwell. *Hospital Viability During a Pandemic Influenza Outbreak.* United States Army Command and General Staff College, 2009.

There is a vital need for the public and private sectors to take the threat of pandemic influenza seriously. No single agency, provider, or organization, including the Virginia Beach Department of Health, can sufficiently respond to a global threat of pandemic influenza independently. A pandemic requires the attention by all entities to provide the incredible response needed during such a disaster. Therefore, planning and preparation combined with partnerships between health care providers and the Department of Health is vital.

Methodology

As directed by the Statement of Needs, the assessment team focused on the Sentara Healthcare System. The assessment team met with members of the Sentara Healthcare team—Scott A. Miller, MD, Vice President, Medical Affairs, Sentara Leigh Hospital; Diane Hunley, Vice President, Operations, Sentara Medical Group; and Debbie Wentzell, LPN, CPC, Practice Manager II, Sentara Family Medicine—for 30-minute discussion meetings. These entities were not surveyed online because it was more beneficial to have one-to-one discussions to gain better insight into the planning and protocol for Pandemic Influenza and related circumstances.

Assessment

Sentara Healthcare has the region's most advanced hospitals and facilities, including its own medical group. Sentara operates nine of their 10 acute care hospitals in the Hampton Roads area, with three (Virginia Beach General, Bayside and Princess Anne) in the greater City of Virginia Beach. Each one has a pandemic influenza task force overseen by the corporate pandemic team headed by the chief medical officer. The Vice President of Medical Affairs, Scott Miller, MD, serves at the organization's main point of contact.

Over the course of the discussions with Dr. Miller and Ms. Hunley, they shared several lessons that Sentara learned from the previous pandemic and they include:

During the H1N1 pandemic, there was difficulty getting information disseminated. In addition, a problem with H1N1 was that it never really reached crisis level so Sentara's Central Incident Command Center (CICC) was not triggered into crisis level. Fortunately, they gained knowledge and tested their response through mock stagings of pandemic events but have not utilized their CICC during a true pandemic. The mock stagings did include contact with the Virginia Department of Health but not the local office. Jacqueline Butler, Director of Infection Control, maintains the contact list for VDH and will accept point-of-contact information for the VBDPH for future use. For more information about the Sentara Emergency Response System, VBDPH should contact Bill Brown, Director of Disaster Management.

Sentara used webinars to communicate to staff that they deemed successful. Since that time, they have added a bridge system for mass notifications but have not used it during a pandemic.

They found it is best to plan in advance for materials to distribute to the community and maintain a stockpile for use during a pandemic.

Sentara initiated contact with other area hospitals to develop partnerships and have a better understanding with determining best practices amongst the hospitals for consistency in educating

and vaccinating the communities they serve. It was felt that such an initiative may have been more fitting to have been initiated by the VBDPH, as ongoing communication between the hospitals and VBDPH is vital to the community.

More than anything, Sentara raised the need to educate the community better about prevention and vaccination, noting that media can sometimes be your biggest friend or your biggest enemy. There was a lot of misinformation about the H1N1 virus and as a result, people were not interesting in being vaccinated. They emphasized it is best to engage the media early to educate them on pandemic influenza and feed constant updates through the disaster situation. You want the media to deliver the correct information to the viewers.

Challenges

Sentara's team noted that the vaccine came too late and when it did come, it came in "drips and drabs." You can't vaccinate if you don't have it. And on the same note, once the vaccinations were available people didn't want it--"we couldn't pay people to take it."

Sentara does not have the capacity for pediatric care in the event of overflow from the Children's Hospital of The Kings Daughters Health System (http://www.chkd.org/). Although it is not their mission to care for pediatric patients, it is a concern from a community standpoint. Sentara does not have the pediatric staff or pediatric ventilators. However, during the last pandemic, they came up with other contingencies should there have been a need for their hospitals to serve that particular audience.

Recommendations

Physician practices will be impacted in the event of a pandemic and will benefit from the services that the VBDPH offer in the area of education and prevention. The VBDPH should maintain a master list of physicians with their up-to-date contact information to provide important, and/or urgent information that is useful to the physician community and their patients.

It is recommended that VBHD medical officials develop and maintain relationships with the area hospitals and schedule presentation time at physician grand rounds. In addition, develop medical community summits/forums to bring medical providers together to provide detailed information helpful to them in their care of Virginia Beach residents during a pandemic influenza outbreak.

The physician practices find the daily follow-up and updates received from VBDPH during the last pandemic very helpful. The information from the VBDPH provided validity when delivering/conveying the updates to staff and patients. The VBDPH should continue this type of message dissemination.

Congregations and Faith Based Communities

Churches and other places of worship are respected and trusted by the people they serve and are a credible source of information for a variety of different populations. According to Gallup, frequent church attendance was up in 2010 (January–May) with 43.1% of Americans self-reporting that they attend either "at least once a week" or "almost every week."

For some segments of the populations, trust in local government is limited, and these faith-based organizations can serve as a link to provide critical communications before, during, and after a pandemic event. They can play a critical role in education and outreach—preparing their congregations and teaching appropriate strategies for disease prevention and control in a pandemic. Additionally, they can help to deliver a variety of critical services to vulnerable populations within their communities, through existing networks of communication and transportation.

These faith-based organizations are a tremendous gateway to the entire City of Virginia Beach population because their audiences range from the newborn to the elderly, from the poor to the affluent, across all races and cultural backgrounds, and have a secondary reach unlike any other group assessed in this study. Even those who do not attend church or faith-based activities, are likely to know, trust, be friends or neighbors with, or have a family member or co-worker who does. When information is credibly, especially urgently, communicated within the faith-based environment, it begins a path of dissemination that is likely to reach outside the church or congregational limits in very short order.

Methodology

The VBDPH provided a select list of churches to which the Assessment team added other faith-based organizations to include Catholic Churches, Jewish synagogues and temples; Baptist, Episcopalian, Lutheran, and other Protestant (including non-denominational protestant) churches; Buddhist temples; and Islamic mosques.

The Assessment team developed a short survey to assess what Pandemic Influenza planning is already in place and where opportunities lie for the Virginia Department of Health to engage further in support of cooperative Pandemic Influenza planning and response with area churches and faith based communities. In all, 46 churches and places of worship were engaged, via phone calls, e-mails, and site-visits, with just under a third participating in survey and other engagement efforts. While very few declined participation outright, most simply were non-responsive in the entirety, despite repeated, respectful, multi-channel attempts at engagement.

Overall Assessment

According to the results of the assessment, a third of the churches do not make any changes during the cold and flu season. Nor do they have a pandemic plan in place to inform or reach out to members in the event of a serious crisis. Although a few of the churches have the capability to reach their congregation by way of email blasts, most of the elderly members do not have access to the Internet. The elderly make up a good portion of church communities and this populace is one of the main groups that need top priority during pandemics and many other health initiatives.

Churches face the challenge of educating their congregation because they don't have the necessary information to provide to their church members. Findings show that 25–50% consider themselves unevenly to moderately educated on pandemic flu and those that do understand are not putting in the effort to take the necessary steps to educate their congregations on preparedness and prevention.

Mainstream Catholic and protestant churches in the Virginia Beach area—particularly those with significant middle and upper-middle class congregations—while not specifically mobilized in the area of Pandemic Flu prevention and response, expressed confidence in their church community's sufficient education, awareness, and regular healthcare/engagement with health professionals. In a phone call, one associate pastor of a large non-denominational protestant church noted, "everybody's got good jobs and good health insurance, and they watch TV and surf the Internet. I'm not really sure this is something they need to hear from the church about," but in the same conversation the pastor noted the potential for a need for greater education for those in church authority like him as to the importance and need of greater Pandemic Flu awareness, prevention, and response.

Priests and representatives of Catholic churches often saw immediate synergies with stated Catholic social justice goals and efforts, which include programs devoted to "caring for the sick," and many noted existing programs that bring weekly communion and other outreach to the sick and homebound. Many mainstream Catholic and Protestant churches have established and organized programs, transportation, regular events, speaking opportunities, and other institutional factors—including activity rooms and available space—that repeatedly presented themselves as worth further exploration as vehicles for future Pandemic education, preparation, and vaccination.

The story was different when it came to small churches, churches primarily serving the poor and/or minority populations. Conversations with representatives of the traditionally black church community were illustrative. In the traditionally black church, many suffer, as one pastor put it, "for lack of knowledge" and wait too long to take care of health needs, like getting the flu shot. One contact within the black church community commented that, "the elderly know about flu shots but they live on the old saying 'Starve a fever; feed a cold'" so they don't necessarily see vaccinations as a way of prevention.

In the Islamic community, there is an element of fear but a different kind of fear than the other communities' experience. The Islamic community appears more likely to operate from a place of wariness based significantly in current socio-political conditions, including well-publicized anti-Islamic sentiment and the public linkage by some of Islam to terrorism. This leads to a wariness if not outright hostility when it is perceived that the Government is presuming to insert themselves in any way into the community. Many questions of why exist, along with resentment of the Government as an institution, representative of the individual issues the community faces on a daily basis from individuals in the community. There is a great of lack of trust and understanding, which will take effort to overcome.

Additionally, many of the smaller and minority churches are not aware of the resources that the VDH offer to the community and do not know how or who to contact in the VBPD in the event of a pandemic.

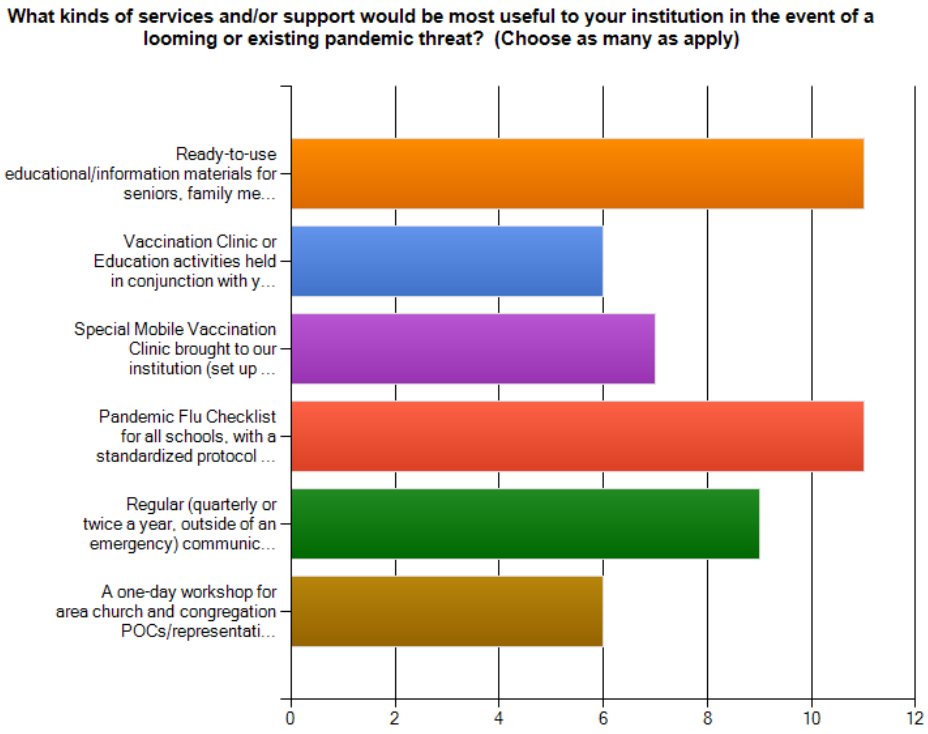
Recommendations

As learned from the Fairfax County Health Department and INOVA health system in Northern Virginia, a particular emphasis and focus on faith-based organizations during any health initiative,

especially one of a crisis/pandemic nature, is a necessity that pays great dividends in reaching and caring for a community's population.

Faith-based organizations augment the county's provision of services to those residents who otherwise would have difficulty in receiving them. For instance, this particular group will provide transportation, meals and groceries, and other charitable outreach to populations less likely to seek these services on their own. As one Catholic Church responded, "these are staple activities in the Catholic faith and many others. I can't speak to what we could do with [partnering with the VBDPH), but there are certainly avenues to explore."

It is recommended that the health department and other government agencies continue to provide information, education, and support to facilitate linking critical services with affected recipient communities. Specifically, survey respondents noted the following as beneficial resources for their communities: ready-to-use information, a Pandemic Flu checklist, regular communication from the VBDPH pandemic flu point of contact, vaccination clinic with educational activities, and special mobile vaccination clinic on site:



These outreach efforts cannot be limited to pandemic outbreaks. In order to implement a successful plan during a pandemic, relationships with these organizations need to be developed over a period of time. Trust and existing relationships are extremely important and it takes time to develop these types of relationships when there is doubt, fear, and lack of trust in play. As one Subject Matter Expert noted, "The biggest take-away is [not to] ask or expect a community to do something beyond their traditional activities." Integrating the VBDPH activities with the respective

community events is highly recommended. Positive relationship building will gain overall respect and trust for the VBDPH in many areas.

A sample timeline outlining outreach is suggested as follows:

Initial outreach (0–3 months)

- An introduction letter to every faith-based organization in the City of Virginia Beach to include but not limited to point-of-contact information, VBDPH fact sheet/brochure highlighting services and a fact sheet on monthly activities/health observances; opt-in opportunity for email notifications
- Conduct in-person visits to the larger organizations to establish face-to-face contact (ongoing)

Secondary outreach (4-6 months)

- Identify community events within each genre of faith and arrange opportunity for presence of VBDPH
- Offer to host VBDPH health fair/open house/mobile health clinic at some of the larger organizations, especially if known health observance is occurring within this timeframe
- Continue to conduct in-person visits (ongoing)
- Follow-up mailings or email blasts with health information

During each quarter (or more frequently/as needed) the VBDPH should host a health initiative for the varying communities. In addition, make visits to the organizations during their services or workshops to provide health updates, education on general and specific topics and notifications regarding prevention and treatment.

Large Workplaces and Employers

The assessment team found formal surveying and engagement with the area's largest employers to be nearly impossible in the short time frame allotted. At nearly every turn, the team was informed that company policy (often national corporate policy) forbade discussion of internal health provision policies (outside of promoted benefits, including vaccination-inclusive health care benefits, etc.) and initiatives and two locally based companies declined to go on record with any statements as to preparedness, readiness, or employee policies in the event of a Pandemic threat. Managers of large retail employers expressed concerns with conflicts regarding their own consumer healthcare offerings (such as vaccination clinics) and declined engagement on that basis.

The team highly recommends the VBDPH build and maintain a relationship with the area Chamber of Commerce and worker's unions and organizations, particularly those encompassing tourism and retail workers, all of whom come in regular contact with the public and have a greater risk of both contracting viruses, as well as spreading them. Issues of corporate proprietary concerns may not be so easily resolved, particularly when they require extensive interaction with national corporate headquarters; however, it will be worthwhile to at least build relationships with small and medium business owners, as well as local large business owners and management through the Chamber of Commerce.

The team further recommends that resources, such as posters and other public information be disseminated to large employers and employee-sites regardless of an established relationship with the company. Such materials may still make their way to employee break-rooms, giving VBDPH initiatives a slightly broader reach than may always be officially possible.

Notes on Additionally Identified Sub-Populations

Though noted as an "additional" sub-populations in the previous section, non-college enrolled young adults, aged 18-24 are addressed as part of a combined discussion with colleges, and universities earlier in this section and senior populations not in nursing homes or long-term care facilities are addressed in the combined discussion addressing those topics.

Economically Disadvantaged Populations

US Census 2009 Data reports that 6.8% of Virginia Beach residents live at or below the US poverty level. Families and individuals are classified as "below poverty" if their total family income or unrelated individual income was less than the poverty threshold specified for the applicable family size, age of householder and number of related children under 18 present. During times of an emergency, it is important for VBDPH to establish relationships with persons classified as below poverty, or poor. Working with these individuals on all levels before a pandemic will decrease anxiety, confusion, and fear and improve the response during an emergency.

To best understand the relevance of this sub-population to Virginia Beach planning efforts, the Assessment team researched and analyzed US Census 2008- 2010 data for Virginia Beach residents to determine the demographics of the city. Media coverage of the 2009 H1NI Pandemic, and its effects on poor individuals, was studied. The Assessment team held a round-table discussion with the Fairfax County Department of Public Health (FCDH) to discuss their best practices and lessons learned for establishing and maintaining relationships with persons living at or below the US poverty level.

Identification of the poor and outreach to them are the primary barriers VBDPH will need to overcome in its pursuit to build a stronger relationship with and presence among the poor. In a "Best Practices" discussion with FCDH, it was stated that the best way to integrate with the poor is for the Department of Health to partner with organizations that already have an established relationship with this demographic. The formation of these partnerships will take a commitment from VBDPH if it desires to reach greater numbers of the poor and underserved in the event of another pandemic.

Recommendations

A partnership with community-based and faith-based organizations should be created to help VBDPH inform and prepare vulnerable, poor, populations for an influenza pandemic. It would be difficult for VBDPH to communicate with and provide services to vulnerable populations during an influenza pandemic response without the assistance of community-based organizations. Community-based organizations play a vital role as trusted providers for many segments of vulnerable populations that may not be reached through traditional communication and outreach

channels. They serve as critical partners in providing education, outreach and services both before and during a response to a pandemic.

An example of a community-based event already being held annually in Virginia Beach is the Project Connect Day of Services, which was held in January 2011 at Virginia Beach United Methodist Church. The event featured legal, health, housing and financial resources for homeless and underserved individuals. It was hosted by the Virginia Beach Homeless Advocacy and Resource Partnership, which is made up of organizations, schools, churches, businesses and state agencies that provide services and housing to the poor. It is recommended that VBDPH increase its visibility at these and similar community-based events to increase its availability to poor and underserved individuals. A relationship with the poor needs to be established and cultivated long before an emergency occurs to help these individuals become health-intelligent, with regards to recognizing the signs of pandemic or seasonal flu and what steps to take to prevent its spread.

Rural Populations

As part of engagement with primarily targeted communities, and through additional dedicated outreach, the assessment team held multiple conversations with past and present residents of the rural communities located in the VBDPH's area of responsibility. Based on concerns expressed by the VBDPH and some community members that heightened community health efforts in the region may not reach these areas—including Creeds, Blackwater, and Pungo—the assessment team looked closely at these and neighboring communities, noting unique characteristics and looking for common themes to be considered and/or addressed in future healthcare planning.

Five key points quickly emerged during discussions with those familiar with the rural communities of the Virginia Beach region:

- Life in rural communities is varied and unlike the daily rhythms of urban and suburban neighbors. The VBDPH consistency should not assume that effective methods for message dissemination and promotion of healthcare initiatives that are effective in a geographically close, but culturally different areas meet the needs of the rural area
- Life in rural communities centers around common areas of commerce-- community anchor stores, such as Wal-Mart, grocery stores, or local merchants. In each of the rural communities in the Virginia Beach region, there are large stores serving the vast majority of the local population on a regular basis and these are ideal for the provision of healthcare services, or, at a minimum, the dissemination of information regarding the availability of healthcare information or services.
- "Rural people are churchgoing people," said one respondent early in an interaction with the assessment team, expressing a sentiment the assessment team heard repeatedly in discussions regarding area rural communities. There was near universal agreement between current and former residents of these rural communities, that delivering information and services through the local churches is potentially the most effective channel.
- Local doctors and medical professionals are trusted more than "city" healthcare professionals. Noted one respondent, "there are fewer doctors out in the country, sure,

but they have a lot of influence over whether or not someone makes a specific healthcare choice, because we know them and trust their advice."

Recommendations

As a result of these findings, the assessment team recommends that rural areas be consciously and pro-actively included in any dedicated congregational outreach program and that the VBDPH develop and maintain a dedicated directory of location-delineated rural physicians and healthcare providers, providing regular updates and opportunities for two-way communications with the VBDPH by these healthcare providers. In both cases, the education and buy-in of influential clergy and trusted healthcare providers appear essential in influencing and gaining the trust of rural populations.

The assessment team does not recommend extensive and dedicated outreach via community shopping locations. Despite the legitimacy of the claim that such locations see regular traffic from all walks of a community's populace, the time and resource requirements required to gain approval to conduct healthcare services—not to mention that required to overcome resistance from area pharmacy-equipped large stores and stand-alone pharmacies who may be offering "competing" vaccination or healthcare services at a cost—may not be the best use of department resources.

Human resource constraints play a part in our advice against focusing on retail locations—retail outlets may provide space for information or provision of services, but are unlikely to provide human resources to promote or actively educate the populace. Churches and healthcare providers have the potential to be partners, if not advocates, for VBDPH's Pandemic Flu education and preparation/prevention efforts and thus can serve as "force multipliers," extending the reach and penetration of VBDPH efforts with less commitment of human or other resources than would be necessary in retail-focused strategy.

Minority Populations

US Census 2010 Data reports that the racial make-up of minority groups in Virginia Beach are Blacks (19%), Hispanics (6.6%), Asians (6.0%), Indians (0.3%) and Islanders (0.1%). Health disparities within the minority community highlight unfavorable or unequal differences in health conditions. The majority of these differences are the result of language and cultural barriers, which reduces access and understanding of medical literature and services. During times of an emergency, it is important for VBDPH to establish relationships with minority communities because many of them suffer from chronic health disorders or compromised immune systems and members of these communities could benefit from vaccinations. Working with these groups on all levels before a pandemic will decrease anxiety, confusion, fear and improve the response during an emergency. A relationship with minority communities needs to be established and cultivated long before an emergency occurs to help this community develop and implement a response and preparedness plan.

The Assessment team researched and analyzed US Census 2008–2010 data for Virginia Beach to determine demographics of the city. Media coverage of the 2009 H1NI Pandemic, and its effects on

minority communities, was studied. The Assessment team held a round-table discussion with the Fairfax County Department of Public Health (FCDH) to discuss their best practices and lessons learned for establishing and maintaining relationships with minority communities.

Lack of trust in the government is present within some minority communities, resulting in their lack of interest in vaccinations offered by VBDPH. A 2010 article in the Virginian-Pilot captures this phenomenon by writing, "(There's) sort of a general fear among many African-Americans and many minorities, a little suspicion of the medical establishment, and this of course dates back to the Tuskegee experience." This lack of trust and fear of government will undoubtedly make it hard for VBDPH to communicate its public health messages within minority communities. The social structures of minority communities are all different and understanding these differences will be challenging, yet necessary, if VBDPH seeks to integrate in and align with minority communities. In a "Best Practices" discussion with FCDH, it was reported that Asian communities are structured and hierarchal. They have small subgroups and navigation into the subgroups of these populations is challenging. Hispanic communities are less structured; however, this lack of structure makes identification of their community leaders difficult. Although the racial and cultural backgrounds of minority communities are different, one common thread within the minority community is the perception of government as "foe." This perception will take a commitment from VBDPH to overcome, if it desires to reach greater numbers of minorities in the event of another pandemic.

Language is another barrier within minority communities. Based on 2008 estimates from US Census Data, 16,187 of Virginia Beach residents are considered limited English proficient (LEP). LEP.gov classifies LEP individuals as those who "do not speak English as their primary language and…have a limited ability to read, speak, write or understand English." Of the LEP residents in Virginia Beach, nearly a third speak Spanish as their primary language. The next largest group of LEP residents speak Asian and Pacific Islander languages which include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish, and Vietnamese. The remaining group of LEP residents speaks "other" languages, which include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bangla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukrainian, and Urdu. US Census 2010 Data indicates that the overall LEP population in Virginia Beach is growing. To ensure the public health care needs of the non-English speaking population are being met, VBDPH should identify all available resources to translate and deliver clear, concise messages to the non-English speaking population of Virginia Beach.

Recommendations

Overcoming language barriers within minority communities is a multi-faceted task that can be accomplished through various means. One recommendation is for VBDPH to partner with the public school system, which has the capability to identify which foreign languages are spoken by the parents of its students. The school system can then potentially assist with translation and distribution of public health literature to the families of its students. In addition to a partnership with the school system, VBDPH should rely on its own resources to ensure non-English speaking communities have access to the appropriate public health literature. This can be achieved by identifying the top foreign languages spoken in Virginia Beach and translating public health

literature with a longer shelf-life into these key languages. FCDH shared that their department chose to translate a booklet, on seasonal and pandemic influenza, into eight different languages. The booklet is accessible through the FCDH website and is continuously used as a valued resource at educational workshops held for English and non-English speaking groups. The booklet was also mailed to every Fairfax County household during the 2006 pandemic and updated during the 2009 H1N1 pandemic. For its purposes, VBDPH should identify the most cost-effective means of delivering competent and accurate language services. This may include hiring staff or identifying community volunteers fluent in foreign languages, thereby improving the quality and timeliness of public health messages distributed within minority communities.

Partnering with ethnic media outlets (e.g., television, radio, print, Internet) is another way to overcome language barriers, since this is one of the few outlets where non-English speaking minorities can receive information in their own language, tailored specifically to their needs. Unlike mainstream media, ethnic media will cater its seasonal and pandemic flu coverage to its ethnic audience. It is recommended that VBDPH invite the ethnic media to press conferences, separate and apart from mainstream news conferences, to allow ethnic media outlets more time to ask questions and understand because of their language and cultural barriers. VBDPH will find that use of ethnic media to deliver public health messages to minority communities is an invaluable tool in these communities.

Building trust within minority communities can be achieved by developing relationships with their community leaders and through repeated attendance at their community celebrations (e.g., Chinese Lunar New Year, Fairs,). VBDPH should select representatives to attend these events. The selected VBDPH representatives should be tasked with assessing the strengths and weaknesses of minority communities. Once the assessment is complete, the representative should increase the VBDPH presence at these popular, high-attendance events to be more visible and for the purpose of educating minority communities about health related matters, on their "home territory." Location is important among the minority community because research found that public health events will have greater attendance if they are integrated into events the minority communities already have planned, vice VBDPH-only events. A FCDH representative explained this phenomenon by stating, "You can't ask a community to do something beyond their traditional activities. You have to integrate what you are doing into the activities the community is already doing."

Relationship building with minority communities is a slow process. It will take time. The result is a stronger relationship with minority communities and an increased likelihood that these communities will begin transforming their perception of VBDPH from "foe" to "ally." This transition is important because our research found that many minority communities were not aware of the role VBDPH plays in pandemic or seasonal flu preparation, recognition, and avoidance. The majority of minority communities will welcome the idea of regular, on-going communication with VBDPH, believing that the resources offered by VBDPH would make them intelligent with regards to recognizing the signs of pandemic or seasonal flu and what steps to take to prevent its spread within their communities.

VI Outside Perspectives, Best Practices, and Lessons Learned

To deliver the best possible assessment and recommendations, the assessment team also actively sought out the counsel and experiences of healthcare professionals and subject matter experts in comparable geographic municipalities and regions, health systems. The goal of this process has not been to simply assess and offer obvious solutions to the VBDPH, but to vet recommendations against real world experiences: identifying best practices and lessons learned from comparable communities and incorporating them, when appropriate, into the team's recommendations and proposed courses of action.

The list of those we have spoken with included:

- INOVA Health System Community Partnership Specialists, including sub-group specialists such as those assigned specifically to congregational outreach and reaching other sub-communities
- The Fairfax County Health Department (FCHD) of Fairfax County, Virginia, which has a very robust and successful outreach program for preventative healthcare, including Pandemic Influenza.
- Representatives of hospitals and health systems serving the North Jersey Shore beach region, a region not dissimilar to the Virginia Beach Area
- Pandemic Flu education and planning specialists for the Defense Department, which has the challenge of reaching a similar diaspora of community organizations (including churches, schools, and civilian partners) in addition to preparing a uniformed population and family members in its direct command.
- Leaders in the fields that comprise our communities of interest including district managers, university and school leaders, etc. who, while not in the Virginia Beach area, have successfully) taken on the same challenges this report explores. These same leaders have also learned from failed attempts in their organizations.

The majority of these conversations provided guidance and perspective "on background," due to the sensitivities of candidly discussing both successes and failures in community and related outreach activity, as well as challenges with specific institutions, populations, and bureaucracy (Fairfax County and INOVA's Congregational Outreach office were two notable exceptions and many of the insights and best practices shared by their officials are included in the highlights below.). Highlights are included below and points were in often in response to pre-selected questions, used to drive and frame the discussion, including:

- For your outreach efforts in healthcare emergency management, what are the biggest challenges to educating the local populace about what you do?
- Regarding previous pandemic flu education and outreach, what are your lessons learned and best practices?

- In dealing with the sub-populations (e.g. community, children or faith groups), what are the most important things to be aware of so such groups are most receptive and willing to participate in community health initiatives?
- How do you reach undocumented families who may not be in the regular channels of communication?
- Do you recall having transportation issues for those populations? Did you work with transportation agencies?
- How did you get communities to anticipate and participate in your healthcare events?

Notable points and response highlights are grouped by category below.

Outreach

- Fairfax County and others placed a big emphasis and focus on faith-based organizations during the H1N1 outbreak.
- There were some repeated points on outreach to Asian communities. For these groups, a primary challenge for many were language barriers and delivering the correct content in the correct language and cultural approach to the correct audience. Officials noted that the Asian communities have shown themselves to be uniquely and admirably strong in recovering from disaster, but are not always inherently receptive to emergency preparedness overtures from government entities.
- Also, while it may be easy for those on the outside to view the Asian community as monolithic, many cautioned on the importance of remembering that the "Asian" community is divided in to groups and subgroups, with differences in national and ethnic traditions, cultural taboos and priorities, and separate languages. Navigating the subgroups of these populations can be challenging, but is necessary.
- One set of officials noted the prevalence in their region of Hispanic/Latino and Muslim/Islamic communities in addition to a high Asian population. They noted it is a different process reaching out to all communities, and the varied differences are important. The Asians seem to be more structured/organized and hierarchical within their cultures whereas the Hispanic are less formally structured as a community at large. Identifying the community leaders in the Hispanic community was more challenging.
- It was noted that the Hispanic and Islamic views of entities in the government are greatly different from a traditional American perspective. Both have a general fear of interacting with the various elements of the government for a number of reasons because of activities and political issues. In the Islamic community, there is an element of fear but a different kind of fear than the other communities. Members of the Islamic community in one Virginia county have actually asked "why is the government trying to kill us," which both counters the stated aim of healthcare initiatives and underscores a lack of trust and understanding which takes time to overcome.
- Trust and relationships are most important and "it takes a long period of time to develop the relationships. It is a slow moving process to develop and build trust within [ethnic and religious] communities."

- The biggest take-away found by one expert is that you "can't ask a community to do something beyond their traditional activities." You have to integrate what you are doing into the activities the community is already doing.
    - To reach the Asian population, community leaders were identified and a representative from a Virginia county attended, annually, all the popular, high-attendance Asian events (e.g., Chinese Lunar New Year Celebration, fairs) to develop relationships and earn trust with the various community leaders.
      This representative noted Asians tend to have lunar events on large scales and community leaders celebrated together. The representative started to attend these community level events to be more visible and educated based on understanding each group's individual needs. He noted "It is very important to have visibility within these communities to develop the relationships with community leaders and reporters."
    - The nature of outreach to the Islamic community is a little different. Prayer is on Friday and once relationships were developed, the county representative would provide 2–3 minute educational messages after prayer, which sometimes would lead to mini group meetings.
    - In the Hispanic community, there is a mix of reaching the community—it has to be multi-faceted and over a numbers of ways to reach the community (e.g., faith, businesses, non-profit). It can vary from 1:1 or 1:5 outreach or larger group presentations.
- Educational events are most successful when based on what a community is already doing, activities held by individual community organizations versus city, county, or health system-only events. Fairfax County Health Department (FCDH), in particular, found themselves more likely to have greater attendance when they took their services to the different ethnic community events.
- "Making the commitment to reach the various communities through outreach requires dedication, consistency and the resources to do it. [We've] been able to do that but it took time to build all relationships/partnerships within each community."

Faith Based Community/Congregational Outreach

- Obtaining the clergy authorization to perform any health education activity directed to the congregation sometimes comes as a challenge. When the authorization is granted, obtaining the interest from the congregants to attend health events is another challenge. Finally, due to the diverse population in this area, to obtain the health educational materials in different languages is quite a challenge.
- When officials in Fairfax County created a business health summit for business owners to help plan and prepare for Pandemic Influenza, they noted that in minority communities where many leaders own or run small businesses, they cannot remove themselves from their business to participate in the summit. FCDH worked with community leaders through churches to create an event more conducive to the unique needs of these small business owners. It was a successful summit because in the church, there are those who are influential in the community.

- Maria Schaart of INOVA noted that, for a certain faith congregation to be willing to participate in community health initiatives, it is imperative that they know that the sponsoring organization and/or institution can understand and "speak to" the spiritual traditions and, when appropriate, the language of the congregation.
    - "It is very difficult to obtain collaboration and cooperation from different sub-population faith communities, [if they do not feel their health, cultural and spiritual needs] are recognized and attended in a culturally competent way."
- The churches and congregations, particularly the Catholic Church and Spanish-language non-Catholic congregations, are essential to reaching undocumented immigrants. By definition, there is a decided lack of trust and security in the world they navigate, and unexpected contact (even in support of or to help) from government or government-affiliated organizations is looked at with wariness if not avoided altogether. There is trust in the leadership of the churches; if the local priests, nuns, or faith leaders are on board and co-sign efforts in healthcare education or vaccination, much of that inherent distrust can be bridged, at least temporarily.

18–24 Age Group

- Reaching this age group was easy since this population has a lot of social events. The preferred method of contact was outreach on local college campuses.
- However, delivering the message that they are in great danger to the age 18–24 group was hard because this particular group have an "it can't happen to me" outlook on life.
- FCDH learned that it was best to alter the messaging to more about "take care of my family" rather than individual care messages to battle their invincible mentality.

Elderly

- "It is very important to build partnerships with organizations that serve the underserved, the elderly and other hard to reach populations ahead of time."
- It is best to work with local senior centers and non-profit organizations to reach the elder community not affiliated with elder care facilities/agencies to deliver messaging and other health department initiatives.

Media

- In all of the ethnic and cultural sub-communities, ethnic media is a better tool in these communities than the mainstream English-speaking media.
    - There are limited outlets where non-English speaking minorities can receive information in their own language. This creates a focused channel and makes ethnic media a very good partner.
    - FCHD invites ethnic media to press conferences/conference calls, separate and apart from the main news conferences, to allow them more time to ask questions and understand it because there is a language barrier. They have found this extra investment pays off greatly.

- There is a considerable difference between mainstream media and their counterparts in the ethnic media. The ethnic media have a much more informative approach to their reporting style.
- For example, one official notes that the area's Korean media reporters more readily deliver messaging with scientific background and with more thorough information than a typical English-language report.
    - In fact, in Fairfax County, Korean media has previously spoken to the topic with reports asking, "Why does the Pandemic matter in the Korean community."
- "Telemundo" also does a great job educating the Hispanic population.

Translation

- In Fairfax County, printed material was translated into eight different languages for pamphlets that had longer shelf-life.
- The FCHD collaborated with the public schools to submit information to parents. The school systems are very big translators because they have a system in place to send home the information in the appropriate language relative to each individual school. Translations are very important as much as the way the people receive the information. These ethnic groups rely on the information from the sources/people they know and trusted.
- FCHD produced a booklet (12 pages) on seasonal and Pandemic Influenza—translated into top eight languages relevant to Fairfax County. It can be accessed through their Web site. It was used in the previous Pandemics and used during educational workshops. The pamphlet was mailed to every household during the 2006 Pandemic and updated during H1N1-2009.

Transportation

- During the H1N1 Pandemic, the FCHD selected sites that were easily accessible to public transportation in addition to hosting vaccinations at the various health clinics that reached the poor and undocumented. County buses provided transportation to/from satellite locations. Schools were a popular vaccination site because they were community based and individuals could just walk to the site, alleviating the need to rely on public transportation.

VII Discussion of Existing Resources and Pandemic Response Planning

A significant amount of good work is being done on the City, regional, State, and Federal level in support of Pandemic Influenza education, preparation, and vaccination. This is supplemented by solid support from foundations, non-profits, medical associations, and other non-governmental organizations.

While it would be prohibitive to explore all such efforts in this assessment, and time constraints prevented a fuller analysis of existing resources, the assessment team felt it important to highlight two areas of existing resources and support, as well to explore challenges and recommendations with regard to these existing activities, due to their particular relevance to the subject matter at hand.

Such analysis of existing collateral/educational materials available to the public at large, as well as the Virginia Beach Department of Public Health's Medical Reserve Program (which has already deployed in response to a Pandemic threat in recent years) is included in this section. As the assessment team's primary focus in the limited time frame was engagement with community members, there is certainly additional room for exploration by the VBDPH or others in these areas, and action to counteract challenges identified by the assessment team can begin with the initial recommendations made in this section.

Federal and State Resources and Checklists

In times of uncertainty, or when navigating unfamiliar areas of knowledge, people turn to research and resources—particularly print (or the on-line equivalent) resources that can be reviewed, referenced, searched, and returned to when needed. This is particularly true of bulleted lists and checklists, which break overwhelming information into manageable, digestible parts, and in the case of checklists, progressive, pre-determined, easy-to-follow steps.

Time and again, throughout the team's engagement with members of varied Virginia Beach communities and sub-communities, such resources were requested, identified as one of the most useful things the VBDPH could provide in support of Pandemic Flu planning and preparation[15] and, at times, community members questioned why such resources were not already available for use.

While certainly an understandable sentiment, many in the research team were somewhat perplexed by the significant hunger for information perceived to be unavailable to the general community. As noted in an assessment team meeting, "dozens, if not hundreds of exactly those resources are already out there—found by our researchers in the first hour or two of [the] information gathering phase," indeed often through a simple Google search. And such resources, available (or linked to) on governmental and non-governmental sites, including the site of the

[15] Documented, in part, in the "Additional Survey Data" found in Appendix D.

Commonwealth of Virginia,[16] often were directly and specifically tailored by audience, community, and sub-community, providing exactly the valuable guidance sought by many members of the Virginia Beach community.

Indeed, many of said resources were linked to on the Commonwealth of Virginia's own Pandemic Flu section of the State website (though, it should be noted that many of the links on the Commonwealth site were outdated, disabled, or returned errors when selected), a site not far removed from city and county sites (which, while having less information, were not resource-free themselves), and through which parts of local health and wellness pages are hosted.[17] There was clearly a disconnect between an existing wealth of information and the awareness of (and ultimate use/benefit by) an information and resource-hungry Virginia Beach Community.

This disconnect is a reminder of a fundamental truism in all marketing and communications—the harder the average person, particularly when not under acute duress, must work to locate something online, the less likely he or she is to find it. Not as a matter of whether what the person is looking for exists; rather as a function of "buyer"/seeker behavior: if it cannot be found quickly and is not an urgent or emergency priority, the search is more likely to be perceived as a nuisance and thus dropped. When a search is dropped, and the result never found, messages and information are lost and both parties in the attempted communication are ill served.

With limited and valuable resources and capabilities under even the best of circumstances, it is important that government agencies such as the VBDPH do not waste valuable human resources or budget re-inventing the wheel. To this end, the plethora of existing (and extremely well-done, in the team's assessment) Pandemic Flu resources on sites such as flu.gov, and websites for the Centers for Disease Control and Department of Health and Human Services, are a valuable "force multiplier," able to extend the ability of the VBDPH to educate and prepare its citizenry in additional ways at minimal or no cost to the Department. However, it cannot be assumed that the community will find and utilize such resources without the pro-active assistance of the VBDPH's outreach efforts.

As a key recommendation, the assessment team advises the VBDPH set up on the City site a page devoted to key healthcare topics of interest, including Pandemic Influenza. There resources can be grouped, described, linked to, and promoted at the local level—reducing the amount of searching and the amount of time required to get to even a single resource from one of the source sites on the Web. There is no need to reproduce or store outside resources on the site, as hyperlinks directly to the already pre-screened and validated resources is more than sufficient, but it should be stated that the Department should do no less than a quarterly review of all hyperlinks to make sure they

[16] A significant section on Pandemic Flu was hosted on the Commonwealth of Virginia Web site, and used as a resource and example of outreach activity by the assessment team. It should be noted, however, that on the July 30, 2011 date of this study's completion, all URLs to previously referenced Pandemic Flu-related resources returned "not found" errors on the Commonwealth site, leaving in question whether the State will continue to host such resources on its site.

Additionally, several links to CDC and other resources on the Commonwealth site were no longer active, linking to dead or unavailable pages on the external sites, something that was true throughout the entire assessment period.

[17] See previous footnote.

are in working order and continue to take interested citizens to the information they seek. A site that grows stale and out of date can be more frustrating than not to users—and can lead to calcified resistance to key messages and a heightened lack of trust or credibility. While a modest and inexpensive project, it is important that any centralized repository of resources kept at the local level be maintained regularly for maximum service to the community.

As a starting-off point, the assessment team has gathered resources of particular value and/or note from the information gathering and literature review process in Appendix F. Additional resources can also be found in the bibliography and resource list in Section X of this report.

VA Beach Medical Reserve Corps

The terrorist attacks of September 11, 2001, emphasized the need for trained supplemental medical and public health personnel to assist with emergency operations of any scale. During that time, many medical and public health professionals sought to support emergency relief efforts, but there was no organized approach to channel their efforts. The Medical Reserve Corps (MRC) provides the structure to strengthen communities by establishing local teams of credentialed and trained medical, public health and other community volunteers. These volunteers contribute their skills and expertise throughout the year and are ready to respond to an emergency. Like its national counterpart, MRC, the Virginia Beach Medical Reserve Corps (VBMRC) has a mission to provide trained professional medical and health-care volunteers to serve as a health care resource for the City of Virginia Beach and the surrounding areas. The VBMRC assists its local community in emergency preparedness and response, disaster preparedness education, health education, and preventive health services. "The first response to any disaster is a local response."

In 2009, the City of Virginia Beach organized to prevent the spread of the H1N1 virus, which causes the illness known as the swine flu. Health care providers and emergency medical services workers were vaccinated first, to protect those who worked with vulnerable populations and who were critical during flu outbreaks. Since schoolchildren were a priority group, the VBMRC held free vaccination clinics at public schools between mid-October and early November 2009. Children needed signed permission slips to get the vaccinations. Students younger than 10 were given two shots spaced a month apart because two doses were needed to build immunity in young children. The vaccines were then given to people in priority groups, which included pregnant women, parents and caregivers of children younger than 6 months, children 6 months and older, young adults through the age of 24, and people with underlying health conditions. The VBMRC vaccination clinics held on school grounds were open to the public and met the needs of approximately 45,000 Virginia Beach citizens, primarily consisting of public school students.

Current VBMRC demographics include 300+ volunteers made-up of approximately 85% medical professionals and 15% non-medical professionals. The VBMRC is capable of providing both high and low volume vaccination clinics. Small scale vaccination clinics may require one doctor, one nurse and one administrative support personnel, while larger vaccination clinics may require the services of multiple doctors, nurses and administrative support personnel. VBMRC makes it clear that, when it comes to staffing mobile vaccination clinics, there is "no set formula. It depends on size and scope." VBMRC volunteers complete extensive emergency training (simulations and table-

top) year-round, including staffing vaccination clinics. This level of preparedness has resulted in the belief among VBMRC that "Pandemic clinics are not emergencies. They have to be planned, coordinated. We don't just appear; we go through channels. We don't just show up." VBMRC has resources in place that allow the public (e.g., businesses, churches, schools) to solicit any of its services.

Challenges in Medical Reserve support for Pandemic Influenza vaccination efforts have existed and continue to present themselves. Limiting mass Pandemic Influenza vaccination sites to public school facilities isolated segments of the population not directly associated with the public school system. While family members of public school students, staff, and administrators appear to have been informed about the mass vaccination, by virtue of their relationship with the public school, other groups were excluded. The make-up of the excluded groups appear to be the childless (who have no immediate relationship with the public school system), the homeless, the elderly, seasonal workers and minorities. Small vaccination rates for this excluded population indicate the need for alternate site-selections and improved community outreach efforts.

As a recommendation, choosing mass vaccination sites that include a combination of public schools, private schools and popular gathering places (e.g., malls, businesses, churches) would increase the probability of reaching all targeted audiences. This mixture of traditional and non-traditional vaccination sites would require the need for improved community outreach efforts, ranging from improved signage to promote the event to translators to accommodate non-English speakers. The VBMRC is not limited to specific vaccination sites and has the capacity to staff multiple and varying vaccination locations. If the VBMRC knows what is needed, they'll "do their best to coordinate the event."

VIII Summary and Areas for Further Exploration

Despite time and other constraints, the assessment team was committed to delivering the most comprehensive assessment and set of practical recommendations possible. Through utilization of all available time, including weekends and holidays, as well as pro-active and repeated engagement with the communities and sub-communities of Virginia Beach, the team put together a representative picture of conditions on the ground affecting the ability to educate, prepare, and, ultimately, vaccinate a greater number of Virginia Beach area residents in the face of a looming Pandemic threat, and has generated constructive recommendations as to how to optimize such community health care outreach efforts.

Overall, the assessment team found that the community structure and resources are already in place for greater education, preparation, and vaccination of Virginia Beach citizens. A key benefit of the area's size, population, and diversity, is the network of communities and sub-communities that have developed over time. Schools, places of worship, workplaces, and many other community institutions are already in place and, if partnered with appropriately, will not only increase the reach an effectiveness of VBDPH efforts, but also do so in a way that "force multiplies" by adding tangential human resources—the community partners serving as advocates and conveyors of information—unofficially extending VBDPH's initiatives in turn.

Specifically, the assessment team found that previous successes in partnership with the Virginia Beach City Public School system should serve as a model and jumping off point for future successes, particularly with the Public Schools. As noted in our discussion with Mary Shaw of the school system, great success was achieved during a previous Pandemic threat with less than ideal time for planning and less than ideal infrastructure for execution. With the additional time and ability to plan for a future threat and threat response, the team believes the success of this partnership can not only be replicated, but also improved.

The assessment team also singles out specific, pro-active, and targeted outreach to area congregations and places of worship as a priority recommendation for the Department. Discussions with outside subject matter experts as well as communities of faith in the Virginia Beach area only served to confirm this population's broad willingness to work with the VBDPH to educate and protect not only their membership, but local communities as well. Churches and places of worship have intergenerational membership, a pre-set vehicle for credible advocacy (trusted pastors and other church leaders), unique and complimentary outreach programs to the poor, infirm, and other sub-populations, and many have facility and transportation resources that, with an established relationship in place, can be utilized to extend the reach and service area for VBDPH outreach efforts. Additionally, while not every Virginia Beach citizen is a regular church-goer, regular church-goers permeate nearly all workplaces, leisure pursuits, schools, and other communities during the week, providing a natural, secondary channel for information to spread even wider than its original, targeted audience. All of these factors are especially true in rural

communities. The team recommends above all other recommendations that a robust and sustained congregational outreach program be developed and deployed as part of all future VBDPH healthcare outreach efforts.

Additional, targeted tools and tactics in support of all communities explored in this assessment are included in Section IX, "Outreach Toolbox."

Areas for Further Study

The assessment team recommends further exploration of the following topics and communities in subsequent Pandemic Flu planning efforts.

Additional Institutions and Sub-Communities

During the course of the assessment, the team identified the following additional institutions and/or sub-communities as worthy of further exploration in support of education, preparation, and vaccination goals:

- **Gymnasiums and Fitness Centers:** These are a good place to reach the self-perceived "invincible" populations of the young and healthy who may not respond to healthcare messages presented through traditional channels. Also, many gyms and fitness centers have managers and trainers with community health interests and backgrounds that may prove willing and enthusiastic partners for the VBDPH.
- **Foreign-language based Churches and Institutions:** Some faith institutions are primarily operated, with services conducted in, foreign languages. While this language barrier created challenges in the limited assessment period, it is worth additional follow-up. Those who do not speak English well (or at all) are nearly guaranteed to miss other messages and educational efforts. Allying with these institutions brings all the benefits of churches and congregational outreach listed above with the added benefit of deeper reach into an often disenfranchised community.
- **Veteran and Retiree Organizations:** With the area's high concentration of military retirees, these organizations may serve as another gateway to seniors who are not in nursing homes and long-term care facilities. Much like churches, the leaders of these groups are well respected and credible with their memberships, an added benefit when considering the traditional resistance to change often found in elderly populations (which may need to be overcome in the urgent conditions of a Pandemic).
- **Large Community and Charitable Organizations:** Unlike churches, large community and charitable organizations such as the Salvation Army, do not have congregants in pews on a weekly basis or more; however, they do have passionately committed networks of volunteers, an already altruistic culture, and, quite often, transportation and other resources that could be made available to the VBDPH.
- **Smaller and Home-based Senior/Elder Care Facilities:** While the current contract terms directed the team to nursing homes and long-term care facilities, many of those we spoke to spoke of, similar to child care, smaller "mom and pop" care facilities, at various levels of formality and procedures. Some expressed concern, as well, that Pandemic preparation and awareness in these smaller operations might be lacking. As the elderly are a key

vulnerable population, the team felt this is an important area to explore further in future efforts.

Transportation

While this assessment touches upon the importance of locating community health events in locations easily accessed by public transportation, the value in "bringing" healthcare outreach such as vaccine clinics to rural environments, and the presence of private shuttles, vans, and even buses owned by private schools, churches, and others, the team recommends a deeper survey and assessment of all community transportation options, willingness of community partners to mobilize such transportation options in support of addressing a local emergency, and the maintenance of an up-to-date master resource list of available resources, including geographic and other limitations/requirements for the mobilization of additional transportation resources.

IX Outreach Toolbox

Tools and Tactics Matrix

This section includes specific, key recommendations for communications/marketing outreach efforts, formulated as part of the assessment process, as a response to challenges and opportunities identified in the Pandemic Influenza education→preparation→vaccination community health "lifecycle." It also articulates specific justifications, potential timelines for deployment, human resources requirement estimates, as well as measures of tool/tactic success for continued evaluation of outreach efforts.

These specific tools and tactics (explained in detail later in this section) have been drawn from direct observation and engagement with the communities and sub-communities (for this purpose, designated "audiences" for VBDPH messaging and outreach activity) and aligned with the needs, requirements, challenges, and opportunities posed by each. Table 1, below, matrices key tools and tactics and their primary relevance to target audiences.

Table 1. Audience/Tool Matrix

Tool/Tactic	Child Care and Early Education	Educational Institutions	Elementary and High Schools (Public and Private)	Colleges and Universities (Resident and Commuter)	Senior Care (including Nursing Homes and Long-Term Care Facilities)	Private Healthcare Providers	Congregations and Faith-Based Communities	Large Employers and Workplaces	Charity/Community Outreach Organizations	Young Adults 18–24	Minority Populations	Economically Disadvantaged Populations	Rural Populations
Health & Wellness Fairs	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Ethnic Media Coverage							▲		▲		▲		
Outreach at Annual Ethnic Events							▲		▲		▲		

Tool/Tactic	Child Care and Early Education	Educational Institutions	Elementary and High Schools (Public and Private)	Colleges and Universities (Resident and Commuter)	Senior Care (including Nursing Homes and Long-Term Care Facilities)	Private Healthcare Providers	Congregations and Faith-Based Communities	Large Employers and Workplaces	Charity/Community Outreach Organizations	Young Adults 18–24	Minority Populations	Economically Disadvantaged Populations	Rural Populations
Partnerships with Community-Based Organizations									▲		▲	▲	▲
Partnerships with Faith-Based Organizations							▲			▲	▲	▲	▲
Partnerships with Traditional Media Outlets	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Special Event: Community Summit							▲		▲				
Introduction Packet	▲	▲	▲	▲	▲	▲	▲	▲	▲				
Medical Community Summit/Forum			▲	▲	▲	▲							
Social Media Campaign			▲	▲						▲			
Speakers Bureau	▲	▲	▲	▲	▲	▲	▲	▲	▲				

Tools/Tactics Explained

Key tools and tactics recommended as a result of this assessment are explored in greater detail in the toolbox "components" below. Each component offers a full explanation of the tool/tactic and a

justification related to audiences reached and expected outcomes/benefits to the VBDPH and community-at-large.

Though each component designates specific audiences and applications, each tool and tactic has been chosen both for its ability to reach intended audiences, but also for maximum adaptability "on the ground."

Key tools/tactics components—with detailed explanation and suggestions for optimal deployment and measurement of success—are listed below:

Health & Wellness Fairs	
Concept	Health and Wellness Fairs promote healthy living within targeted communities by providing interactive and educational events that usually include basic preventive medicine, screening and informational seminars. Health and Wellness Fairs rely on trained community health educators to conduct the bulk of community education on health needs and issues specific to the community being served. The use of Health and Wellness Fairs will lead to increased awareness, within all targeted demographics, of the resources and services provided by the Virginia Beach Department of Public Health. Most importantly, Health and Wellness Fairs will encourage individuals to assume responsibility for their own health.
Target Audiences	▪ Health Care Providers (e.g., hospitals, physician practices) ▪ Health Care Professionals (e.g., doctors, nurses) ▪ Community-based Organizations ▪ Faith-based Organizations ▪ Senior Care Communities/Facilities/Agencies/Centers ▪ Child Care Facilities/Agencies/Centers ▪ Schools (Public, Private, Trade) ▪ Institutions of Higher Education (Colleges, Universities) ▪ Minorities ▪ Rural populations ▪ 18–24 year olds

Suggested Content	▪ Preventative health screenings ▪ Seasonal flu vaccinations ▪ Mini-seminars on the seasonal and Pandemic Flu, including prevention and treatment tips ▪ Mini-seminars on healthy living topics ▪ Prominent feature of the VBDPH Web site, where additional information and resources can be found ▪ Prominent feature of QR Codes, where additional information and resources about VBDPH can be quickly found ▪ Free give-a-ways, promoting the Health and Wellness Fair
POC/Labor Requirements	VBDPH staff will be responsible for coordinating all aspects of the Health and Wellness Fair: logistics, size, scope, theme, registration, and promotion.
Strengths/Weaknesses	Advantages include the production of a family-oriented Health and Wellness Fair that has the potential to reach all targeted demographics on a regional scale, at a central location. The Health and Wellness Fair may also provide a forum for members of the medical community to share best practices and lessons learned regarding their preparation and experiences with developing medical preparedness plans for all demographics. Disadvantages include creating incentives for health care professionals to donate their time and services to the Health and Wellness Fair. The costs to sponsor a Health and Wellness Fair may exceed financial restrictions. Level of effort required to coordinate the event may consume the time of VBDPH employees. Securing a venue large enough to accommodate expected attendance levels may be difficult. Also, large volumes of volunteers will be needed to staff the event.
Date(s)	Annual, one day event
Related Milestones	Funding and designation of VBDPH POCs to coordinate all aspects of the Health and Wellness Fair: logistics, size, scope, theme, registration, and promotion.
Frequency of Revision	Annually
Measurements of Success	High volume attendance by all targeted demographics. Public requests for recurring Health and Wellness Fairs. Media coverage of the event by mainstream and ethnic media outlets. Increased opportunities for partnerships with community and faith-based organizations. Increased requests for VBDPH services by community and faith-based organizations. Increased volunteer numbers within the local branch of the Medical Reserve Corps (MRC). Increased attendance at vaccination sites. Increased traffic to the VBDPH Web site.

Ethnic Media Coverage	
Concept	Research has shown that significant numbers of minority populations prefer ethnic newspapers, television, and radio to mainstream media. Many in this demographic turn to foreign-language newspapers and broadcasts because English is not their native language. Additionally, minority media is perceived to do a better job at covering news unique to minority communities. The use of ethnic media will help increase awareness, within minority populations, of the resources and services provided by the Virginia Beach Department of Public Health.
Target Audiences	▪ Non-English Speakers ▪ Minorities
Suggested Content	▪ Information about the seasonal and Pandemic Flu, including prevention and treatment tips ▪ Location of vaccination sites ▪ Identification of at-risk individuals ▪ Prominent mention of the VBDPH Web site, where additional information and resources can be found
POC/Labor Requirements	VBDPH staff will be responsible for building and maintaining relationships with ethnic media outlets, ensuring that concise, clear, and accurate public health messages are available to minority communities in a "language" they easily understand.
Strengths/Weaknesses	Advantages include the potential to reach large numbers of minorities on a regional scale. Ethnic media coverage also ensures that public health messages are being targeted to the desired demographic. Disadvantages include potential language barriers between VBDPH POCs and the POCs at ethnic media outlets. Cultural barriers may also be difficult and time-consuming for VBDPH to overcome. Additionally, some media coverage (television and radio) is time-sensitive, which limits the amount of time VBDPH will have to communicate public health messages.
Date(s)	▪ Flu season, September–February ▪ As needed, during Pandemics and other public health emergencies
Related Milestones	Designation of VBDPH POCs to build and maintain relationships with ethnic media outlets.

Frequency of Revision	▪ Complete refresh of the information provided to ethnic media will occur annually, prior to flu season ▪ Complete refresh of the information provided to ethnic media will occur as needed, during Pandemics and other health-related emergencies
Measurements of Success	Increased minority presence at vaccination sites, increased ethnic media coverage of VBDPH events, increased coverage of VBDPH events by multiple (different) ethnic media outlets, increased call volume from minorities, increased traffic to the VBDPH Web site.

Outreach at Annual Ethnic Events	
Concept	Minority outreach is commonly defined as the strategy of specifically reaching out to minority multicultural audiences and engaging with them on their own terms, in their own cultural context and communities. Minority outreach, when done correctly, can be extremely effective in connecting with multicultural communities and raising their awareness of issues unique to minority communities that require behavior change and attention. Outreach at minority events will help educate minority populations about the resources and services provided by the Virginia Beach Department of Public Health.
Target Audiences	▪ Non-English Speakers ▪ Minorities
Suggested Content	▪ Seasonal flu vs. Pandemic Flu fact sheets ▪ VBDPH fact sheets and brochures highlighting services and resources ▪ Location of vaccination sites ▪ Prominent feature of the VBDPH Web site, where additional information and resources can be found ▪ VBDPH points-of-contact information ▪ Fact sheets on monthly VBDPH activities and health observances ▪ Opt-in opportunity for e-mail notifications ▪ Checklists from www.Pandemicflu.gov ▪ Bi-lingual VBDPH literature
POC/Labor Requirements	VBDPH staff will be responsible for identifying and selecting which minority community events to attend. They will secure booth space and determine the appropriate content to display.

Strengths/Weaknesses	Advantages include the potential to reach large numbers of minorities on a regional scale. VBDPH visibility at large-scale ethic events also ensures that public health messages are being targeted to the desired demographic. Disadvantages include potential language barriers between VBDPH POCs and the minority community, making it difficult for VBDPH to communicate its messages. Cultural barriers may also be difficult and time-consuming for VBDPH to overcome.
Date(s)	▪ Year-round, at large-scale ethnic events (Chinese Lunar New Year Celebrations, Multicultural Fairs, Parades, etc.)
Related Milestones	Designation of VBDPH POCs to build and maintain relationships with the sponsors of ethnic events.
Frequency of Revision	▪ As needed.
Measurements of Success	Increased opportunities for partnerships with future community events, increased minority presence at vaccination sites, increased requests of VBDPH services by minority communities, increased call volume from minorities, increased traffic to the VBDPH Web site.

Partnerships with Community-Based Organizations	
Concept	Community-based organizations play a vital role as trusted providers for many segments of vulnerable populations that may not be reached through traditional communication and outreach channels. They serve as critical partners in providing education, outreach and services both before and during a response to a Pandemic. A partnership with community-based and faith-based organizations should be created to help VBDPH inform and prepare vulnerable, poor, populations for an influenza Pandemic. It would be difficult for VBDPH to communicate with and provide services to vulnerable populations during an influenza Pandemic response without the assistance of community-based organizations.
Target Audiences	▪ Poor, underserved ▪ Homeless

Suggested Content	▪ Information about the seasonal and Pandemic Flu, including prevention and treatment tips ▪ Mobile vaccination sites ▪ VBDPH fact sheets and brochures highlighting its services and resources ▪ Prominent feature of the VBDPH Web site, where additional information and resources can be found ▪ VBDPH points-of-contact information ▪ Fact sheets on monthly VBDPH activities and health observances ▪ Opt-in opportunity for e-mail notifications ▪ Checklists from www.pandemicflu.gov
POC/Labor Requirements	VBDPH staff will be responsible for building and maintaining relationships with community-based organizations that already have a strong reputation for providing assistance to poor, underserved individuals.
Strengths/Weaknesses	Advantages include the development of working relationships and strong partnerships with leaders of community-based organizations to establish trust and a positive outlook of the VBDPH and the resources and services it provides. There is also the potential to reach large numbers of poor, the desired demographic, on a regional scale. Disadvantages include the time commitment and resources required. Identifying and maintaining contact with the appropriate community-based organizations could consume VBDPH resources.
Date(s)	▪ Flu season, September–February ▪ As needed, during Pandemics and other public health emergencies
Related Milestones	Designation of VBDPH POCs to build and maintain relationships with community based organizations for the purpose of increasing access and awareness of public health initiatives within the poor, underserved, demographic.
Frequency of Revision	▪ Complete refresh of the information displayed at community-based events will occur annually, prior to flu season ▪ Complete refresh of the information displayed at community-based events will occur as needed, during Pandemics and other health-related emergencies

Measurements of Success	Increased presence of poor, underserved, individuals at vaccination sites, increased opportunities for partnerships with community-based organizations, increased requests for VBDPH services by community-based organizations, increased traffic to the VBDPH Web site

Partnerships with Faith-Based Organizations	
Concept	Faith-based organizations play a vital role as trusted providers for many segments of vulnerable populations that may not be reached through traditional communication and outreach channels. They serve as critical partners in providing education, outreach and services both before and during a response to a Pandemic. A partnership with faith-based organizations should be created to help VBDPH inform and prepare vulnerable (e.g., poor, homeless, elderly, minorities) populations for an influenza Pandemic. It would be difficult for VBDPH to communicate with and provide services to vulnerable populations during an influenza Pandemic response without the assistance of faith-based organizations.
Target Audiences	▪ Poor, underserved ▪ Homeless ▪ Minorities ▪ Elderly
Suggested Content	▪ Information about the seasonal and Pandemic Flu, including prevention and treatment tips ▪ Mobile vaccination sites ▪ VBDPH fact sheets and brochures highlighting its services and resources ▪ Prominent feature of the VBDPH Web site, where additional information and resources can be found ▪ VBDPH points-of-contact information ▪ Fact sheets on monthly VBDPH activities and health observances ▪ Opt-in opportunity for e-mail notifications ▪ Checklists from www.pandemicflu.gov ▪ Bilingual public health brochures
POC/Labor Requirements	VBDPH staff will be responsible for building and maintaining relationships with faith-based organizations that already have a strong reputation for providing assistance to the desired demographic: poor, homeless, elderly, and minorities.

Strengths/Weaknesses	Advantages include the development of working relationships and strong partnerships with leaders of faith-based organizations to establish trust and a positive outlook of the VBDPH and the resources and services it provides. There is also the potential to reach large numbers of the desired demographic (e.g., poor, homeless, elderly, minorities) on a regional scale. Disadvantages include the time commitment and resources required. Identifying and maintaining contact with the appropriate faith-based organizations could consume VBDPH resources.
Date(s)	▪ Flu season, September–February ▪ As needed, during Pandemics and other public health emergencies
Related Milestones	Designation of VBDPH POCs to build and maintain relationships with faith-based organizations for the purpose of increasing access and awareness of public health initiatives within the desired demographics (e.g., poor, homeless, elderly, minorities).
Frequency of Revision	▪ Complete refresh of the information displayed at faith-based events will occur annually, prior to flu season ▪ Complete refresh of the information displayed at faith-based events will occur as needed, during Pandemics and other health-related emergencies
Measurements of Success	Increased presence of the desired demographic (e.g., poor, homeless, elderly, minorities) at vaccination sites. Increased opportunities for partnerships with faith-based organizations. Increased requests for VBDPH services by faith-based organizations. Increased traffic to the VBDPH Web site.

Partnerships with Traditional Media Outlets	
Concept	During times of an emergency, traditional media outlets (television, radio, print) largely have the responsibility to inform and educate the public in a customized (local news) and real-time manner (breaking news). In turn, consumers of these media platforms rely heavily on the information communicated to them to be current and relevant to their needs. The use of traditional media platforms to quickly and accurately communicate emergent public health issues will help increase awareness, within the local community, of the resources and services provided by the Virginia Beach Department of Public Health.

Target Audiences	▪ Schools (Public, Private, Trade) ▪ Institutions of Higher Education (Colleges, Universities) ▪ Health Care Providers (e.g., hospitals, physician practices) ▪ Health Care Professionals (e.g., doctors, nurses) ▪ Community-based Organizations ▪ Faith-based Organizations ▪ Senior Care Communities/Facilities/Agencies/Centers ▪ Child Care Facilities/Agencies/Centers ▪ Minorities ▪ Rural populations ▪ 18-24 year olds ▪ and, overall general public
Suggested Content	▪ Information about the seasonal and Pandemic Flu, including prevention and treatment tips ▪ Location of vaccination sites ▪ Identification of at-risk individuals ▪ Prominent mention of the VBDPH Web site, where additional information and resources can be found
POC/Labor Requirements	VBDPH staff will be responsible for building and maintaining relationships with traditional media outlets, ensuring that concise, clear, and accurate public health messages are communicated quickly to the local community.
Strengths/Weaknesses	Advantages include the potential to communicate with large volumes of the community on a regional scale. Traditional media coverage also ensures that public health messages are being targeted to many demographics. Disadvantages include VBDPH being unable to accommodate all media requests for information. Additionally, some media coverage (television and radio) is time-sensitive, which will limit the amount of time VBDPH will have to communicate public health messages.
Date(s)	▪ Flu season, September-February ▪ As needed, during Pandemics and other public health emergencies
Related Milestones	Designation of VBDPH POCs to build and maintain relationships with traditional media outlets.

Frequency of Revision	▪ Complete refresh of the information provided to traditional media will occur annually, prior to flu season ▪ Complete refresh of the information provided to traditional media will occur as needed, during Pandemics and other health-related emergencies
Measurements of Success	Increased media coverage of VBDPH events. Increased coverage of VBDPH events by multiple, different, media outlets (mainstream and ethnic). Increased attendance at vaccination sites. Increased opportunities for partnerships with community and faith-based organizations. Increased requests for VBDPH services by community and faith-based organizations. Increased volunteer numbers within the local branch of the Medical Reserve Corps (MRC). Increased traffic to the VBDPH Web site.

Special Event: Community Summit	
Concept	Designed to bring faith-based and non-profit communities together to educate and provide detailed information about an influenza Pandemic outbreak and how it could potentially affect the organization's members. Faith-based organizations are respected and trusted by the people they serve so it is vital to use such a platform to educate on prevention and treatment.
Target Audiences	▪ Faith-based organizations ▪ Non-profit community organizations
Suggested Content	▪ VBDPH contact and list of services and resources offered ▪ Pandemic Influenza vs. Seasonal Flu checklist ▪ Checklists from www.pandemicflu.gov ▪ Identification of at-risk individuals ▪ Prominent mention of the VBDPH Web site, where additional information and resources can be found ▪ Transportation issues, concerns, recommendations and solutions
POC/Labor Requirements	VBDPH staff will be responsible for planning the summit including finding and securing a location. Staff will need to work with the leaders of these organizations to determine the needs of the respective audiences.

Strengths/Weaknesses	Advantages include the development of working relationships and strong partnerships with leaders of faith-based and non-profit organizations to establish trust and a positive outlook of VBDPH and the resources and services it provides. Additionally, these partnerships will create a forum for leaders of faith-based and non-profit organizations to share best practices and lessons learned amongst peers. Disadvantages include the time commitment and resources required to coordinate an event of this scale. Participation and attendance numbers may also be low due to scheduling conflicts.
Date(s)	▪ Prior to flu season (September) and recap post season (April) ▪ As needed, during Pandemics and other public health emergencies
Related Milestones	Designation of POCs for updates to assure timeliness of seasonal flu information, crisis alerts and regular health initiatives and periodic review by VBDPH Pandemic Influenza team to inform and provide updates from national services related to Pandemic outbreaks.
Frequency of Revision	▪ As needed
Measurements of Success	Increased requests of services by the VBDPH. Increased opportunity for partnering in future community events like health fairs, workshops and vaccination clinics. Increased communication between community partners. Increased traffic to Web site. Increased presence of the elderly and underserved to health care events and vaccination clinics held on-site at the faith-based locations.

Introduction Packet	
Concept	The use of the introductory packet will be used as a first step to introduce the Virginia Beach Department of Health and its services and resources offered in the City of Virginia Beach.
Target Audiences	▪ Catholic, Baptist, Episcopal, Methodist, Lutheran, and non-denominational churches ▪ Jewish Synagogues ▪ Islamic Mosques ▪ Buddhist Temples ▪ Senior care communities/facilities/agencies/centers ▪ Child Care facilities ▪ Health care providers (e.g., hospitals, physician practices) ▪ Private schools

Suggested Content	▪ Introduction letter ▪ Points-of-contact information ▪ VBDPH fact sheet/brochure highlighting services and resources ▪ Fact sheet on monthly activities/health observances ▪ Seasonal flu vs. Pandemic Flu fact sheet ▪ Opt-in opportunity for e-mail notifications ▪ Checklists from www.pandemicflu.gov
POC/Labor Requirements	VBDPH staff will be responsible for creating appropriate content and delivering it to the appropriate locations.
Strengths/Weaknesses	Advantages include the development of working relationships and strong partnerships with leaders of all community partners to establish trust and a positive outlook of VBDPH and the resources and services it provides. Disadvantages include the potential for the introductory packets to be perceived as "junk mail," reducing the likelihood that the material will be read. Additionally, a mail campaign requires a great deal of follow-up and continuous face-to-face contact, which could burden VBDPH resources.
Date(s)	▪ Initial outreach to occur within 0–3 months after plan is accepted and approved ▪ Follow-up mailings quarterly thereafter ▪ E-mail blasts with health updates/tips on a monthly basis
Related Milestones	Designation of POCs for updates to assure timeliness of seasonal flu information, crisis alerts and regular health initiatives and periodic review by VBDPH Pandemic Influenza team to inform and provide updates from national services related to Pandemic outbreaks
Frequency of Revision	▪ As needed
Measurements of Success	Increased traffic to the VBDPH Web site, increased requests for on-site vaccinations, increased call volume

Medical Community Summit/Forum	
Concept	Designed to bring medical providers together to provide detailed information helpful to them in their care of Virginia Beach residents during an influenza Pandemic.

Target Audiences	▪ Senior care communities (e.g., Director of Nursing, Administrators) ▪ Health care providers (e.g., Chief Medical Officers, VP of Medical Affairs, VP of Clinical Services, VP of Infection Control, Emergency Management teams) ▪ Private & Public school nurses
Suggested Content	▪ Agenda to include opportunity for members of the medical community to share best practices in addition to providing them with information and resources to facilitate the development of their own continuity of operations and preparedness plans
POC/Labor Requirements	VBDPH staff will be responsible for creating appropriate content, planning and facilitating the summit.
Strengths/Weaknesses	Advantages include the development of working relationships and strong partnerships with medical leaders and administrators to establish trust and a positive outlook of VBDPH and the resources and services it provides. Additionally, these partnerships will create a forum for medical leaders and administrators to share best practices and lessons learned amongst peers. Disadvantages include the time commitment and resources required to coordinate an event of this scale. Participation and attendance numbers may also be low due to scheduling conflicts.
Date(s)	▪ Prior to flu season (September) and recap post season (April)
Related Milestones	Designation of POCs for updates to assure timeliness of seasonal flu information, crisis alerts and regular health initiatives and periodic review by VBDPH Pandemic Influenza team to inform and provide updates from national services related to Pandemic outbreaks
Frequency of Revision	▪ As needed
Measurements of Success	Increased requests of services by the VBDPH. Increased opportunity for partnering in future community events like health fairs, workshops, and vaccination clinics.

Social Media Campaign	
Concept	Engage this audience using the technology they use as their main communication tools to attract, engage, and inspire them to do more about their health care before, during and after seasonal flu season and Pandemic outbreaks. Social media includes, but is not limited to: Facebook, QR codes, Twitter, and YouTube

Target Audiences	▪ Higher education institutions ▪ Public and Private Schools (primarily middle/junior to high school age) ▪ 18–24 year olds
Suggested Content	▪ VBDPH contact and list of services and resources offered ▪ Pandemic Influenza vs. Seasonal Flu checklist ▪ Checklists from www.pandemicflu.gov ▪ Identification of at-risk individuals ▪ Prominent mention of the VBDPH Web site, where additional information and resources can be found ▪ Education on importance of vaccinations ▪ Hand washing campaign ▪ Contests: most vaccinations at your school/institution ▪ Daily health updates/tips not just for audience but for family as well ▪ Video campaigns on various health initiatives
POC/Labor Requirements	VBDPH staff to develop "VBDPH Pandemic Flu" page on Facebook and dedicate time to maintain the information content as well as requests from fans of the page. Advertise the link in all communication to the target audience. Staff to develop Twitter account and maintain it with links to state, local and national Web sites pertaining to seasonal flu and Pandemic Influenza. Develop a contest between audiences—school/institution within each audience with most vaccinations will get a prize or recognition. VBDPH to establish QR codes for inclusion in hand washing campaign signs/posters, flu literature, promotional items (e.g., t-shirts, stickers, magnets) VBDPH staff need to be dedicated to the upkeep of each media on a weekly basis (monthly for certain topics and daily during Pandemic)
Strengths/Weaknesses	Advantages include an increased VBDPH presence on social media sites that appeal to the technology-savvy and targeted demographic (18–24 year olds). VBDPH's use of social media to promote the resources and services it provides will encourage interaction and build relationships across varying social media platforms. Disadvantages include the long-term commitment required to incorporate social media tools into the strategic communication goals of VBDPH. Additional hurdles include dismissing the notion that the use of social media will be an overnight success. Social media campaigns are often slow to start and difficult to maintain.

Date(s)	▪ Prior and during flu season (August through May) ▪ As needed, during Pandemics and other public health emergencies
Related Milestones	Designation of POCs for updates to assure timeliness of seasonal flu information, crisis alerts and regular health initiatives and periodic review by VBDPH Pandemic Influenza team to inform and provide updates from national services related to Pandemic outbreaks
Frequency of Revision	▪ Ongoing
Measurements of Success	Increased requests of services by the VBDPH. Increased opportunity for partnering in future community events like health fairs, workshops and vaccination clinics. Increased communication between higher education institutions and the VBDPH. Increased traffic to Web site. Increased vaccinations for the 18–24 year olds. Increased interest in individual health care by the 18–24 year old population.

Speakers Bureau	
Concept	The VBDPH will identify a group of key communicators with expertise in Pandemic Influenza to form a speakers' bureau. Most people will request a speaker with health expertise. VBDPH will manage the speakers' bureau list and work with medical professionals in the local and state area to create the list of keynote speakers.
Target Audiences	▪ All (faith-based organization, health care providers, higher education institutions, public/private schools, childcare facilities, senior communities, community organizations, businesses)

Suggested Content	In addition to the speaker's prepared content, a PowerPoint presentation should be made available for the requestor to be used during speaking engagements including video materials (produced and/or approved by VBDPH). In the event a speaker cannot be met due to limited staff and resources, the following information should be provided in an information packet. ▪ VBDPH contact and list of services and resources offered ▪ Pandemic Influenza vs. Seasonal Flu checklist ▪ Checklists from www.pandemicflu.gov ▪ Identification of at-risk individuals ▪ Prominent mention of the VBDPH Web site, where additional information and resources can be found ▪ Education on importance of vaccinations ▪ Hand washing campaign
POC/Labor Requirements	VBDPH staff will be responsible for developing and maintaining a list of key communicators who have expertise in seasonal and pandemic influenza prevention and treatment methods.
Strengths/Weaknesses	Advantages include the development of a solid base of speakers who are well versed and knowledgeable about prevention and treatment methods for seasonal and pandemic influenza. The positive rapport established between the speakers and each targeted audience will help reinforce VBDPH as the expert on seasonal and pandemic influenza. Disadvantages include creating incentives for health care professionals to donate their time and services for appearances at speaking engagements. Also a factor is the time commitment and resources required to develop and maintain a "speakers" list and to coordinate appearances at speaking engagements. The ability to meet all requests for speaking engagements may be low, due to scheduling conflicts between speakers and the requested group or organization.
Date(s)	▪ Prior and during flu season (August through May) ▪ As requested
Related Milestones	Designation of POCs for updates to assure timeliness of seasonal flu information, crisis alerts and regular health initiatives and periodic review by VBDPH Pandemic Influenza team to inform and provide updates from national services related to Pandemic outbreaks
Frequency of Revision	▪ Ongoing, each presentation to be tailored to the need of the requestor and intended audience

Measurements of Success	Increased requests of services by the VBDPH. Increased communication between the targeted audiences and the VBDPH. Increased traffic to the VBDPH Web site. Increased trust between VBDPH and targeted audiences and community.

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Appendix A Original Statement of Needs

STATEMENT OF NEEDS

The Contractor shall:

1. Assess Virginia Beach Department of Health's community partners and evaluate current preparedness, response and resource effort of these various partners to further improve upon future planning for Pandemic influenza and more specifically improve upon planning and outreach efforts that were identified as not as successful during the 2009 H1N1 influenza Pandemic. The project must be completed July 30, 2011.

2. Meet with community partners to ascertain their participation and role in the event of Pandemic (Sentara school/school nurses/EMT's/HHS/etc.). Outcome from this should be a Memorandum of Understanding on what and how they would provide support to Pan Flu Mass Vaccinations.

3. Meet with various schools of higher education in Virginia Beach (VB) to do the same as #1 above. Also include how they would mobilize their resources and students to ensure increased vaccination of 18–24 year olds.

4. Meet with long term care facilities and Nursing Homes to assess how their staff would provide vaccine to elderly population in VB.

5. Conduct a meeting or survey Private Schools mobilizing their resources and ideas to increase vaccination of their students.

6. Conduct a meeting or survey Day Care providers (infants toddlers, children under 4 vulnerable populations) and mobilizing their resources and ideas to increase vaccination of their students.

7. Meet with private providers (through Sentara) to identify their role in providing mass vaccinations in event of Pandemic.

8. Meet with private providers (through Sentara) to identify their role and identify strategies to increase participation in VIIS.

9. Meet with the largest churches in the area and other church leaders to ascertain what their role can be.

10. Identify human resource needs and contingencies for the HD to accomplish mass vaccination for the city of VB.

11. Compile this information into a plan.

12. Identify multiple outcome measures that can be evaluated to test the effectiveness of the plan.

13. Identify alternative and improved outreach/marketing strategies to better target previously identified underserved and vulnerable populations for influenza vaccinations.

Appendix B Assessment Team

Assessment and Reporting

Benjamin Bryant	Executive Director/Report Author
Thomas J. Zamberlan	Deputy Director/Quantitative and Technical Lead
Beverly George	Project Manager/Outreach and Analysis
Renee H. Faulk, PMP	Project Manager/Outreach and Analysis
Bill T. Yamanaka	Consultant and Research Analyst
Wendy J. LaRue, PhD.	Consultant

Research and Administrative Support

Keona C. George	Research Assistant/Project Administrator
Veronica P. Bryant	Research Assistant
Nora Mady	Research Assistant
Cierra Pritchard	Research Assistant

Executive Advisor

MG(ret) Gale S. Pollock, USA	Senior Medical Reviewer and Subject Matter Expert

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Virginia Beach Department of Public Health Advisors

Arlene L. Manzella, RN, BAC, CIC	Assessment/Medical Advisor and Contract Liaison
Ellen Burgess	Subject Matter Expert

Appendix C Letter of Introduction for Engagement

The following "letter of introduction" from the VBDPH was provided as part of, or immediately following all initial communications with community representatives as a means of establishing the legitimacy, parameters, and urgency of BZ's community engagement efforts.

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
PEMBROKE CORPORATE CENTER III
4452 CORPORATION LANE
VIRGINIA BEACH, VIRGINIA 23462

(757) 518-2700

In recent years, you may have heard more about Pandemic Influenza (including the dangerous "bird flu," "swine flu," and "H1N1" strains) in the news. Particularly dangerous strains of the flu can travel quickly within communities and sicken and kill in large numbers, particularly among vulnerable populations. The Virginia Beach Department of Public Health is committed to preparing for and responding to a Pandemic Flu threat in the Virginia Beach community. Over the next six weeks, we will be looking carefully at how we can best serve our community in the event of a serious flu threat.

We need your help. Past experiences with heightened flu dangers in our area have taught us that there are many populations—including children, the elderly, minorities, and rural populations—that may be underserved in any Pandemic Flu emergency response. The Department believes that undeserving anyone in our community is not acceptable, so we are conducting an assessment to determine the best ways to make sure as many people as possible are reached by future Pandemic Flu efforts.

The Virginia Beach Department of Public Health has contracted with the Bryant Zamberlan Group ("BZ") to conduct this survey and provide recommendations to the Department on how best to prepare and work with *all* communities and populations in the event of a new Pandemic Flu threat. We've asked them to speak to churches, schools, daycare centers, nursing homes, and other areas where previously underserved groups are found. We've also asked BZ to speak to area healthcare providers.

If you are receiving this letter, it is because we hope that you, too, will assist BZ and the Virginia Beach Department of Public Health in finding the best ways to help us take care of you and the people you take care of every day. This may be through completion of a short survey, a follow-up call or meeting, and through the provision of any ideas you have on how to make Virginia Beach a safer, healthier place for everyone in the face of Pandemic Flu. Any cooperation you can provide BZ in this short time frame is both needed and appreciated.

If you have any questions about the work BZ is doing on behalf of the Virginia Beach Department of Public Health, or would like more information on our Pandemic Flu efforts, please do not hesitate to contact me at (757) 518-2673. Again, we thank you for doing your part to help guarantee that ALL of our Virginia Beach community is cared for in the event of a Pandemic, and we look forward to bringing some of your ideas and suggestions to fruition.

Sincerely,

Arlene Manzella, RN, BAC, CIC
Senior Nurse Manager
Virginia Beach Department of Public Health

VDH VIRGINIA DEPARTMENT OF HEALTH

Appendix D Additional Survey Data

Full survey responses are included here. This included subject-entered responses via an online system, e-mail responses, transcribed phone interview responses, and recorded answers during face-to-face interviews in Virginia Beach over the course of the two-month assessment period.

(In all cases, the questions asked were identical to avoid unintentional shaping or bias variation in responses and, whenever possible, telephone or in-person interviews were conducted with two or more assessment members to validate the accuracy of recorded responses.)

As noted in the Methodology section of this assessment,

- Nearly 160 Virginia Beach community institutions, groups, schools, and companies were identified by name as potential community partners for engagement in the assessment process.
- In June 2011, six different VDH Pandemic Influenza Surveys were created to address the specific needs of six Virginia Beach community groups: Congregations, Private Schools, Home Schools, Senior Care, Institutions of Higher Learning, and Child Care (a limited number of community categories, particularly stand-alone institutions such as the Virginia Beach City Public Schools, were engaged directly, outside of a formal survey process).
- Over 100 community partners declined to complete the VDH Pandemic Influenza Survey online, over the phone, and in selected cases, in-person (almost all community partners were contacted via at least two methods with 1–2 follow-ups. In some cases, where input was deemed especially key, contact was made up to 5 times).
- 50 community partners chose to complete the VDH Pandemic Influenza Survey, breaking out as follows:
  - 14 Congregations
  - 13 Senior Care Facilities
  - 11 Private Schools
  - 6 Child Care Facilities
  - 4 Institutions of Higher Learning
  - 2 Home School (one association, one home schooling parent)

For those groups given a standardized survey, results are below, broken out by community and/or sub-community grouping.

VDH Pandemic Influenza Survey - Congregations

1. Which is the name of your church, religious congregation, or house of worship?		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		14
	Answered Question	14
	Skipped Question	0

Open-ended responses:

- St. Gregory the Great Catholic Church
- St. Nicholas Catholic Church
- Temple Emanuel
- Pleasant Grove Christian Academy of Excellence
- Piney Grove Baptist Church
- Tidewater Korean Baptist Church
- Pleasant Grove Baptist Church
- Rock Church (Beverly)
- Good Shepherd Lutheran Church
- Virginia Beach United Methodist Church
- Colonial Baptist Church
- Bayside Baptist Church of Virginia Beach
- <not answered>
- <not answered>

2. What descriptions apply to your church, congregation, or house of worship?		
Answers	**Response Percent**	**Response Count**
Congregation of 10-100	0.0%	0
Congregation of 101-250	7.1%	1
Congregation of 251-500	35.7%	5
Congregation of 501-1000	7.1%	1
Congregation of >1001	42.9%	6
Mostly individuals and couples	0.0%	0
Mostly families	28.6%	4
Evenly individuals/couples/families	42.9%	6
Provide childcare during services	42.9%	6
Provide childcare during week	21.4%	3
Provide religious education (children)	57.1%	8
Provide religious education (adults)	57.1%	8

Mid-week worship or fellowship activities	71.4%	10
Once-a-week worship services	21.4%	3
Operate parochial pre-school	35.7%	5
Operate parochial kindergarten	21.4%	3
Operate parochial grades 1-4	14.3%	2
Operate parochial grades 5-6	7.1%	1
Operate parochial grades 7-8	7.1%	1
Operates charity/community outreach programs	64.3%	9
	Answered Question	14
	Skipped Question	0

3. Does your church/congregation make any changes during cold and flu season to traditions, interactions, or activities?

Answers	Response Percent	Response Count
Yes	42.9%	6
No	35.7%	5
Unsure	21.4%	3
	Answered Question	14
	Skipped Question	0

4. Does your church or congregation have a crisis or Pandemic illness plan to inform or reach out to members in the event of serious crises affecting the full community?

Answers	Response Percent	Response Count
Yes	28.6%	4
No	57.1%	8
Unsure	14.3%	2
	Answered Question	14
	Skipped Question	0

5. Experiences show that in periods of uncertainty, people trust and turn to pastors and spiritual leaders and communities for direction. Do you believe the relevant parties at your church or place of worship have sufficient education or knowledge about the issues surrounding Pandemic, and often deadly, strains of influenza (e.g. H1N1, "Bird" Flu, "Swine" Flu, etc.) and the specific dangers to children, minorities, elderly, and other populations in order to prepare and educate your members in the event of an emergency where members may not be sure who to trust or where to go for information?

Answers	Response Percent	Response Count
Yes, I'd consider our institution and relevant staff very well educated re: Pandemic Influenza and the role churches and places of worship can play in assisting their members elderly populations.	7.1%	1
Yes, I'd consider our institution and relevant staff moderately well-educated on the topic.	50.0%	7
No, I'd consider our institution and relevant staff unevenly educated at best on the topic.	28.6%	4
No, I'd consider our institution and relevant staff in need of greater education on the topic and relevance to church-going and spiritually linked populations.	14.3%	2
	Answered Question	14
	Skipped Question	0

6. Do you believe your church, congregation and relevant staff are aware of the resources and assistance the Virginia Department of Health can offer in the event of a serious influenza Pandemic, including, but not limited to, mobile vaccination clinics brought to you to help your members at low or no cost?

Answers	Response Percent	Response Count
Yes	21.4%	3
No	64.3%	9
Unsure	14.3%	2
	Answered Question	14
	Skipped Question	0

7. In the event of a potential or existing influenza Pandemic, does your institution and relevant staff know exactly who to contact for support and assistance at the Virginia Department of Health (a specific name and/or office, phone number and e-mail address)?		
Answers	**Response Percent**	**Response Count**
Yes, we know how to reach our local Department of Health office and specifically who/which office to contact.	0.0%	0
Yes, we know how to reach our local department of health, but No, we do not specifically know who/which office to contact.	50.0%	7
No, we do not know how exactly to reach our local Department of Health, nor do we know specifically who to contact in the event of a Pandemic threat.	50.0%	7
	Answered Question	14
	Skipped Question	0

8. What kinds of services and/or support would be most useful to your institution in the event of a looming or existing Pandemic threat? (Choose as many as apply)		
Answers	**Response Percent**	**Response Count**
Ready-to-use educational/information materials for seniors, family members, and staff for use before and/or during a Pandemic threat	78.6%	11
Vaccination Clinic or Education activities held in conjunction with your current health staff/services location/activities--including charity outreach, ministries to the poor or sick, etc.	42.9%	6
Special Mobile Vaccination Clinic brought to our institution (set up in or near library, cafeteria, or other common area) staffed by VDH staff and volunteers.	50.0%	7
Pandemic Flu Checklist for all schools, with a standardized protocol with beneficial and required actions, points of contact, and other relevant information to be used as a common reference and guide should a Pandemic threat arise.	78.6%	11

Regular (quarterly or twice a year, outside of an emergency) communications from a Pandemic Flu POC at the Department of Health with the school's appropriate POC to keep everyone aware of the latest information, best practices, lessons learned, and potential dangers.	64.3%	9
A one-day workshop for area church and congregation POCs/representatives to share information and best practices and collaborate on common response strategies.	42.9%	6
Other (please specify) [Open-ended question]		4
	Answered Question	14
	Skipped Question	0

Open-ended Responses:

- This is something we are admittedly behind on, inadequate on, and should be better regarding, however more pro-active outreach by the VA Beach Dept of Health would be of great assistance to our priests, lay ministers, and parish congregation. If there are compliance standards to be met, I can guarantee we are not meeting them, but more of ignorance of them, not apathy.
- all seem like good ideas. it's in the planning and execution that we'll see what fits us best.
- <not answered>
- <not answered>

9. In the future, who is the appropriate contact for the Virginia Department of Health to follow-up with (if necessary) regarding Pandemic Influenza planning and response?

Answers	Response Percent	Response Count
Name: [Open-ended question]	100.0%	14
Title: [Open-ended question]	100.0%	14
Email Address: [Open-ended question]	100.0%	14
Phone Number: [Open-ended question]	100.0%	14
	Answered Question	14
	Skipped Question	0

10. Do you perform any charity outreach, ministry to the sick, ministry to the elderly, ministry to the hungry, etc. that could, in a way that is worked out between your leadership and the VDH (not imposed by the VDH, but mutually developed), be partnered with to offer health education and (if appropriate) free vaccinations, etc. in the event of a legitimate health emergency?		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		13
	Answered Question	13
	Skipped Question	1

Open-ended Responses:

- Yes, these are staple activities in the Catholic faith and many others. I can't speak to what we could do with it, but they are certainly avenues to explore.
- yes, we do all of the above and if convinced in future education by the dept of public health that this is something churches should consider we'd be willing to consider them, but i do not want to volunteer myself our church specifically until we get a better sense of what your area wide efforts will be. also, our pastor is out of town and i will not obligate him to anything here, these are my best answers based on my experience as an administrator of our congregation for many years. (we are catholic)
- Yes. The church currently offers vaccinations. If individuals can't afford to pay for the vaccination then disadvantaged, registered members of our congregation are given the vacinnation free or are requested to make a donation, of any amount, to the church. Most people just give a $1.00 or $2.00 donation. We've found that the majority of the requests for our free, or donation only, vaccinations comes from the Hispanic community. We'd like to know if the VDH provides free vaccinations because sometimes we get a surplus of requests that we can't accommodate. We offer classes on how to reduce the spread of germs during the flu season and we put flu information up on all of our bulletine boards. So, the information is there, if the church community wants it.
- yes
- Food Pantry, we get referrals to provide assistance 3- we don't make any changes but we do have numerous bottles of hand sanitizer throughout for the members to use 4- we don't have a specific plan but in the event of a health crisis,we communicate to our members through email blast 5- we have several doctors in our congregation but we have never held any flu clinics using these members, at least not in the past two years that I <name redacted> have been here. Most go their own doctors for vaccinations. 7- We have a pamphlet for VDH with resource/contact info.
- We have quarterly health seminars, yearly health fairs and a food pantry that serves people twice a week. We also have a seniors ministry and we present (periodically) health related information during their meetings.
- congregation consists of 30% military, 15-20% elderly on fixed income, certain % have no health insurance transportation provided to senior members to/from church capable to do email blasts to congregation with important information Quotes: “My people suffer for

lack of knowledge" "The elderly know about flu shots and they live on the old saying 'Starve a fever; feed a cold'" "We wait to late to take care health needs, like getting the flu shot." "Elderly know have Internet access."

- During the flu season, flu shots are offered to members by one of our physician members for several weeks beginning in October at cost. Work with Food Pantry Shelter offered during Hurricane Season. Additionally, Child care on site: Daycare Director, Sis Joan Hairston (757) 217-2122 (infancy to 4yrs.)
- We would LOVE to partner with the VDH in an effort of this nature. Please contact me about possibilities for the Fall/Winter Flu season.
- yes. We have a vibrant ministry to the homeless and working poor, a community pancake brunch every month, participate with Meals on Wheels.
- We have various networks within our church family that our leadership could tap in a health emergency.
- yes, we have weekly contact/visits in the homes of elderly disabled. We are a food distribution center in cooperation with social services, we are a pick up site each month for Angel Food Ministries

VDH Pandemic Influenza Survey - Home Schools

1. What is the name of your group/association of fellow homeschool parents/children? (If you are representing only your family, please note "single family" in the blank - Thanks!)		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		2
	Answered Question	2
	Skipped Question	0

Open-ended Responses:

- single family
- Renaissance School of the Arts

2. How many homeschooled children are affiliated via your group or association and what ages make up your affiliated students? (Check all that apply)		
Answers	**Response Percent**	**Response Count**
1-3 children/teens	50.0%	1
3-9 children/teens	0.0%	0
10-20 children/teens	0.0%	0
20-50 children/teens	50.0%	1
Age 1-5	100.0%	2
Age 5-10	100.0%	2
Age 11-14	100.0%	2

Age 15-19	50.0%	1
	Answered Question	2
	Skipped Question	0

3. During the last Pandemic influenza threat in the Virginia Beach area, the public schools were covered substantively, with education and vaccinations offered on-site for the school aged children and staff/caregivers. Do you feel that the information, outreach, and attention to homeschooled children, especially in times of emergency, is sufficient?

Answers	Response Percent	Response Count
Yes, our homeschooled families receive the same level of attention, education, and attention from the Department of Health when health threats to children, such as a flu Pandemic, are identified.	0.0%	0
No, homeschooled families, even those who may be eager to avail themselves of education or resources, are largely out the loop when it comes to health department outreach to school children.	100.0%	2
Neutral, while public school children may receive more attention or resources in a health emergency, the homeschool environment of our families makes such attention less necessary (or even desired) for our students.	0.0%	0
Other (please specify) [Open-ended question]	0.0%	0
	Answered Question	2
	Skipped Question	0

4. In a health emergency situation, particularly one affecting children, where are your homeschooled families most likely to get community health information.

Answers	Response Percent	Response Count
Television	0.0%	0
Radio	50.0%	1
Internet	50.0%	1
Newspaper	50.0%	1
Friends and Family (Word of Mouth)	100.0%	2
Church/Religious Institution	50.0%	1
Other (please specify) [Open-ended question]	50.0%	1

	Answered Question	2
	Skipped Question	0

Open-ended Responses:

- We avoid the inernet and television in our family as there is so much negative and misleading information there.

5. Do you believe you and your affiliated families have sufficient education or knowledge about the issues surrounding Pandemic, and often deadly, strains of influenza (e.g. H1N1, "Bird" Flu, "Swine" Flu, etc.) and the specific dangers to student populations in order to prepare and respond to a Pandemic threat?

Answers	Response Percent	Response Count
Yes, I'd consider us very well educated re: Pandemic Influenza and student populations	0.0%	0
Yes, I'd consider us moderately well-educated on the topic.	100.0%	2
No, I'd consider us unevenly educated at best on the topic.	0.0%	0
No, I'd consider us in need of greater education on the topic and relevance to student populations.	0.0%	0
	Answered Question	2
	Skipped Question	0

6. In the event of a potential or existing influenza Pandemic, do you know exactly who to contact for support and assistance at the Virginia Department of Health (a specific name and/or office, phone number and e-mail address)?

Answers	Response Percent	Response Count
Yes, I know how to reach our local Department of Health office and specifically who/which office to contact.	0.0%	0
Yes, I know how to reach our local department of health, but No, I do not specifically know who/which office to contact.	100.0%	2
No, I do not know how exactly to reach our local Department of Health, nor do we know specifically who to contact in the event of a Pandemic threat.	0.0%	0
	Answered Question	2
	Skipped Question	0

7. What kinds of services and/or support would be most useful to homeschooling families in the event of a looming or existing Pandemic threat? (Choose as many as apply)		
Answers	**Response Percent**	**Response Count**
Ready-to-use educational/information materials for kids and parents for use before and/or during a Pandemic threat	100.0%	2
Vaccination Clinic held in conjunction with your local church, or association or group of homeschooling families.	50.0%	1
Special Mobile Vaccination Clinic brought to your school (set up in or near library, community center, or other common area) staffed by VDH staff and volunteers.	50.0%	1
Pandemic Flu Checklist for all homeschooling families, with a standardized protocol with beneficial and required actions, points of contact, and other relevant information to be used as a common reference and guide should a Pandemic threat arise.	50.0%	1
Regular (quarterly or twice a year, outside of an emergency) communications from a Pandemic Flu POC at the Department of Health with the school's appropriate POC to keep everyone aware of the latest information, best practices, lessons learned, and potential dangers.	50.0%	1
A one-day workshop for homeschooling parents to share information and best practices and collaborate on common response strategies.	50.0%	1
Other (please specify) [Open-ended question]		1
	Answered Question	2
	Skipped Question	0

Open-ended Responses:

- I would prefer you work with our church or homeschooling groups and associations first and foremost. I, frankly, do not have much faith in what liberals in "government" tell me I should be educated on or educate my children on, and in my busy life I am not going to take the governments word for it. If what you are offering/requesting/suggesting is approved of by people I trust and who know more than I do, I would be more willing to listen. Please understand, I am NOT against this, and I am taking this survey, so that should count for something, I am just saying in my limited time, I go with the word of those I know and trust, that's all I am saying.

8. In the future, who is the appropriate contact for the Virginia Department of Health to follow-up with (if necessary) regarding Pandemic Influenza planning and response?		
Answers	**Response Percent**	**Response Count**
Name: [Open-ended question]	100.0%	2
Title: [Open-ended question]	100.0%	2
Email Address: [Open-ended question]	100.0%	2
Phone Number: [Open-ended question]	50.0%	1
	Answered Question	2
	Skipped Question	0

9. Do you have any other thoughts, questions, ideas, or concerns about Pandemic Influenza planning and response in the Virginia Beach area (related to your institution or otherwise)? Please share them here.		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		2
	Answered Question	2
	Skipped Question	0

Open-ended Responses:

- I think it is good you want to keep people safe, but please understand there are a lot of good reasons not to trust whatever the latest liberal trend in government intrusion is. So while I am willing to listen, I'm not going to do what you say I have to do with my children just because you tell me I have to.
- Our membership is made up of students from all Hampton Roads cities, including Va Beach, Ches, Portsmouth, Suffolk, plus counties (Isle of Wight, Southampton, etc)

VDH Pandemic Influenza Survey - Higher Learning

1. Which is your institution of higher education?		
Answers	**Response Percent**	**Response Count**
Old Dominion University	20.0%	1
Virginia Wesleyan College	0.0%	0
Regent University	20.0%	1
Norfolk State University	0.0%	0
Tidewater Community College	0.0%	0
Hampton University	20.0%	1
Virginia Commonwealth University	20.0%	1

Other (please specify) [Open-ended question]	20.0%	1
	Answered Question	5
	Skipped Question	0

Open-ended Responses:

- Local/Commuter Location of National Brand Institution

2. At your institution, is Pandemic influenza emergency response planning the responsibility of a		
Answers	**Response Percent**	**Response Count**
a medical professional/administrator (e.g. doctor, nurse, PA, NP, MPH, etc.)	40.0%	2
a non-medical health care-specific administrator (e.g. non-medical Director of Health Services or Student Health Programs Administrator, etc.)	0.0%	0
a non-medical/non-health care-specific administrator (e.g. Dean of Student Services, Dean of Student Programs, etc.)	40.0%	2
At this time, no one person is designated at this time for Pandemic flu emergency response issues at our institution	20.0%	1
	Answered Question	5
	Skipped Question	0

3. Does your institution have a Pandemic influenza-specific response plan in place at this time?		
Answers	**Response Percent**	**Response Count**
Yes	40.0%	2
No	20.0%	1
Unsure	40.0%	2
	Answered Question	5
	Skipped Question	0

4. Does your institution have a non-Pandemic influenza-specific emergency response and/or crisis communications plan in place at this time?		
Answers	**Response Percent**	**Response Count**
Yes	60.0%	3
No	0.0%	0
Unsure	40.0%	2
	Answered Question	5
	Skipped Question	0

5. Do you believe you and/or the relevant parties at your institution have sufficient education or knowledge about the issues surrounding Pandemic, and often deadly, strains of influenza (e.g. H1N1, "Bird" Flu, "Swine" Flu, etc.) and the specific dangers to student populations aged 17-25 in order to prepare and respond to		
Answers	**Response Percent**	**Response Count**
Yes, I'd consider our institution and relevant staff very well educated re: Pandemic Influenza and student populations	40.0%	2
Yes, I'd consider our institution and relevant staff moderately well-educated on the topic.	20.0%	1
No, I'd consider our institution and relevant staff unevenly educated at best on the topic.	40.0%	2
No, I'd consider our institution and relevant staff in need of greater education on the topic and relevance to student populations.	0.0%	0
	Answered Question	5
	Skipped Question	0

6. Do you believe your institution and relevant staff are aware of the resources and assistance the Virginia Department of Health can offer in the event of a serious influenza Pandemic, including, but not limited to mobile vaccination clinics?		
Answers	**Response Percent**	**Response Count**
Yes	40.0%	2
No	20.0%	1
Unsure	40.0%	2
	Answered Question	5
	Skipped Question	0

7. In the event of a potential or existing influenza Pandemic, does your institution and relevant staff know exactly who to contact for support and assistance at the Virginia Department of Health (a specific name and/or office, phone number and e-mail address)?		
Answers	**Response Percent**	**Response Count**
Yes, we know how to reach our local Department of Health office and specifically who/which office to contact.	40.0%	2
Yes, we know how to reach our local department of health, but No, we do not specifically know who/which office to contact.	20.0%	1
No, we do not know how exactly to reach our local Department of Health, nor do we know specifically who to contact in the event of a Pandemic threat.	40.0%	2
	Answered Question	5
	Skipped Question	0

8. What kinds of services and/or support would be most useful to your institution in the event of a looming or existing Pandemic threat? (Choose as many as apply)		
Answers	**Response Percent**	**Response Count**
Examples, templates, and other resources to assist your school in adapting/creating your own Pandemic Response plan.	40.0%	2
Consultation with a VDH professional to discuss Pandemic Influenza Response Planning.	40.0%	2
Ready-to-use educational/information materials for students and staff for use before and/or during a Pandemic threat	100.0%	5
Vaccination Clinic held in conjunction with our current health staff/student services location/activities	40.0%	2
Special Mobile Vaccination Clinic brought to our institution (set up in or near library, student union, or other common area) staffed by VDH staff and volunteers.	100.0%	5
Pandemic Flu Checklist for all schools, with a standardized protocol with beneficial and required actions, points of contact, and other relevant information to be used as a common reference and guide should a Pandemic threat arise.	100.0%	5

Regular (quarterly or twice a year, outside of an emergency) communications from a Pandemic Flu POC at the Department of Health with the school's appropriate POC to keep everyone aware of the latest information, best practices, lessons learned, and potential dangers.	60.0%	3
A one-day workshop for area school POCs/representatives to share information and best practices and collaborate on common response strategies.	20.0%	1
Other (please specify) [Open-ended question]		1
	Answered Question	5
	Skipped Question	0

Open-ended Responses:

- I'd say schools like ours (commuter locations of national brands and non-residential for profits, etc.) may be the least knowledgeable and least prepared. I'm not authorized to speak for the school, but being proactive in reaching out to us and telling us what to do will help. I'm not sure I ever considered this our responsibility.

9. In the future, who is the appropriate contact for the Virginia Department of Health to follow-up with (if necessary) regarding Pandemic Influenza planning and response?

Answers	Response Percent	Response Count
Name: [Open-ended question]	100.0%	5
Title: [Open-ended question]	100.0%	5
Email Address: [Open-ended question]	100.0%	5
Phone Number: [Open-ended question]	100.0%	5
	Answered Question	5
	Skipped Question	0

10. Do you have any other thoughts, questions, ideas, or concerns about Pandemic Influenza planning and response in the Virginia Beach area (related to your institution or otherwise)? Please share them here.

Answers	Response Percent	Response Count
[Open-ended question]		2
	Answered Question	2
	Skipped Question	3

Open-ended Responses:

- I'm not sure that smaller non-residential schools (night schools, commuter schools, for-profits) even have this on our radars. This is surely something that we've thought is relevant where it's likely to be transmitted. But if we're talking education and vaccination and preparation, maybe there is a role for us. I'm not authorized to set policy or even discuss our (lack of) preparedness, but think you should reach out to us directly and aggressively to educate us how we play our part, and what we need to do. Thank you for this effort and I am sorry I cannot be of more help.
- We have many students taking classes at the Virginia Beach Higher Education Center who may not come to campus for our flu vaccine clinics who could benefit from a mobile flu vaccine clinic in Virginia Beach; we have a significant number of uninsured students who may not get vaccinated unless it is offered free of charge.

VDH Pandemic Influenza Survey - Private Schools

1. What is the name of your school/educational institution?		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		11
	Answered Question	11
	Skipped Question	0

Open-ended Responses:

- Tidewater Classical Academy PreK
- Norfolk Christian - Va. Beach campus
- Star of the Sea School (School Nurse)
- Norfolk Christian Schools
- KPC Day School
- Star of the Sea School (Administrator)
- Bishop Sullivan Catholic High School
- St. Gregory the Great School
- Odyssey Montessori
- Montessori Children's House
- <not answered>

2. Which of these describes your school? (Choose as many as apply)		
Answers	**Response Percent**	**Response Count**
Elementary School Students	63.6%	7
Middle/Junior High School Students	36.4%	4
High School Students	9.1%	1
Parochial/Religious School	63.6%	7

Charter School	0.0%	0
Trade School	0.0%	0
Multiple Locations/Campuses	9.1%	1
Student Body <100 students	27.3%	3
Student Body 100-200 students	18.2%	2
Student Body 200-500 students	36.4%	4
Student Body >500 students	18.2%	2
Have buses/shuttles daily for students	9.1%	1
Have buses/shuttles for special trips	9.1%	1
School Year Programs Only	18.2%	2
Offer Summer Programs	36.4%	4
Offer After School Programs	72.7%	8
	Answered Question	11
	Skipped Question	0

3. At your school, is Pandemic flu / emergency response planning the responsibility of a

Answers	Response Percent	Response Count
a medical professional/administrator (e.g. school nurse)	27.3%	3
a non-medical school administrator (e.g. principal, vice-principal, student director)	63.6%	7
At this time, no one person is designated at this time for Pandemic flu emergency response issues at our school	9.1%	1
	Answered Question	11
	Skipped Question	0

4. Does your school have a non-Pandemic influenza-specific emergency response and/or crisis communications plan in place at this time?

Answers	Response Percent	Response Count
Yes	63.6%	7
No	27.3%	3
Unsure	9.1%	1
	Answered Question	11

	Skipped Question	0

5. Does your school have a Pandemic influenza-specific response plan in place at this time?		
Answers	**Response Percent**	**Response Count**
Yes	63.6%	7
No	36.4%	4
Unsure	0.0%	0
	Answered Question	11
	Skipped Question	0

6. Do you believe you and the staff at your school have sufficient education or knowledge about the issues surrounding Pandemic, and often deadly, strains of influenza (e.g. H1N1, "Bird" Flu, "Swine" Flu, etc.) and the specific dangers to student populations in order to prepare and respond to a Pandemic threat?		
Answers	**Response Percent**	**Response Count**
Yes, I'd consider our school very well educated re: Pandemic Influenza and student populations	27.3%	3
Yes, I'd consider our school moderately well-educated on the topic.	63.6%	7
No, I'd consider our school unevenly educated at best on the topic.	9.1%	1
No, I'd consider our school in need of greater education on the topic and relevance to student populations.	0.0%	0
	Answered Question	11
	Skipped Question	0

7. In the event of a potential or existing influenza Pandemic, does your school know exactly who to contact for support and assistance at the Virginia Department of Health (a specific name and/or office, phone number and e-mail address)?		
Answers	**Response Percent**	**Response Count**
Yes, we know how to reach our local Department of Health office and specifically who/which office to contact.	36.4%	4
Yes, we know how to reach our local department of health, but No, we do not specifically know who/which office to contact.	54.5%	6

No, we do not know how exactly to reach our local Department of Health, nor do we know specifically who to contact in the event of a Pandemic threat.	9.1%	1
	Answered Question	11
	Skipped Question	0

8. What kinds of services and/or support would be most useful to your school in the event of a looming or existing Pandemic threat? (Choose as many as apply)

Answers	Response Percent	Response Count
Ready-to-use educational/information materials for students and staff for use before and/or during a Pandemic threat	90.9%	10
Vaccination Clinic held in conjunction with our current health staff/student services location/activities	9.1%	1
Special Mobile Vaccination Clinic brought to your school (set up in or near library, cafeteria, or other common area) staffed by VDH staff and volunteers.	54.5%	6
Pandemic Flu Checklist for all private schools, with a standardized protocol with beneficial and required actions, points of contact, and other relevant information to be used as a common reference and guide should a Pandemic threat arise.	100.0%	11
Regular (quarterly or twice a year, outside of an emergency) communications from a Pandemic Flu POC at the Department of Health with the school's appropriate POC to keep everyone aware of the latest information, best practices, lessons learned, and potential dangers.	54.5%	6
A one-day workshop for area school POCs/representatives to share information and best practices and collaborate on common response strategies.	36.4%	4
Other (please specify) [Open-ended question]		1
	Answered Question	11
	Skipped Question	0

Open-ended Responses:

- A regular newsletter (perhaps quarterly) distributed by e-mail would be nice. Training would be great, but it would be best if it were offered in an online format (perhaps similar to the mandated reporter training offered through DSS) so that staff would not have to miss work in order to participate.

9. In the future, who is the appropriate contact for the Virginia Department of Health to follow-up with (if necessary) regarding Pandemic Influenza planning and response?		
Answers	**Response Percent**	**Response Count**
Name: [Open-ended question]	100.0%	11
Title: [Open-ended question]	100.0%	11
Email Address: [Open-ended question]	100.0%	11
Phone Number: [Open-ended question]	90.9%	10
	Answered Question	11
	Skipped Question	0

10. Do you have any other thoughts, questions, ideas, or concerns about Pandemic Influenza planning and response in the Virginia Beach area (related to your institution or otherwise)? Please share them here.		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		1
	Answered Question	1
	Skipped Question	10

Open-ended Responses:

- Unsure what the requirements are for schools such as ours to be prepared for pandemic flue or some such. If we are out of compliance would appreciate area wide education and preparation that helps us to be compliant and commensurate with other schools such as ours.

VDH Pandemic Influenza Survey - Child Care

1. OPTIONAL - What is the name of your child care/day care/pre-school? **If you represent more than one location in the Virginia Beach Area, please indicate it by placing "# locations" for the number of locations following your answer, example: "Happy Feet Pre-School (4 locations)"		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		6

	Answered Question	6
	Skipped Question	0

Open-ended Responses:

- Le Bon Enfants
- Brilliant Babies Home Daycare
- ree ree's childcare
- Mel's childcare
- Fun Times in-Home Childcare
- Adorable Licensed Home Childcare

2. Which of these describes your daycare/school? (Choose as many as apply)		
Answers	**Response Percent**	**Response Count**
Private Home-based Childcare	83.3%	5
Private Commercial Childcare Center	0.0%	0
Franchise/Chain Childcare Center	0.0%	0
Religious/Parochial Affiliated Childcare	0.0%	0
Care for Children 0-3 yrs.	83.3%	5
Care for Children 3-11 yrs.	50.0%	3
Care for Children 12+ yrs.	0.0%	0
Before/After School Care	33.3%	2
After Hours/Overnight Care	16.7%	1
Pre-School	16.7%	1
Summer Camps	16.7%	1
Average 1-10 Children/day	83.3%	5
Average 10-20 Children/day	0.0%	0
Average >20 Children/day	0.0%	0
1-3 Childcare providers/employees	66.7%	4
3-5 Childcare providers/employees	0.0%	0
>5 Childcare providers/employees	0.0%	0
Bus/Shuttle (Pick-up/Drop-off Services)	0.0%	0
Bus/Shuttle (Field/Special Trips Only)	0.0%	0
Licensed healthcare professional “in-house”	0.0%	0
Caregiver's children also cared For on-site	66.7%	4
	Answered Question	6

	Skipped Question	0

3. Does your childcare/daycare have an official (written down and shared with parents) policy related to children with colds and flu?		
Answers	**Response Percent**	**Response Count**
Yes	50.0%	3
No	50.0%	3
	Answered Question	6
	Skipped Question	0

4. Whether the policy is official or unofficial, please check all of these that apply related to how you handle children with cold/flu symptoms?		
Answers	**Response Percent**	**Response Count**
Children with cold/flu symptoms must stay home, no matter how minor or severe the symptoms.	66.7%	4
Children with severe cold/flu symptoms must stay home, but less severe symptoms are handled on a case-by-case basis (parents and care givers best judgment).	83.3%	5
Children are able to attend with cold/flu symptoms, but are monitored much more closely for hand washing/hygiene so as to minimize spread of any illness.	16.7%	1
If a child's symptoms manifest during the day, we will call parents to pick them up immediately.	50.0%	3
If a child's symptoms manifest during the day, we will care for the child appropriately and inform the parent at the end of the day.	16.7%	1
Children who show any symptoms of cold or flu are kept apart from other children until their parents arrive. (either early or at the end of the day)	33.3%	2
Children who show the most severe symptoms are kept apart from other children until their parents arrive.	33.3%	2
Staffers with any cold or flu symptoms are not permitted to care for the children.	33.3%	2

Staffers with minor cold or flu symptoms use the highest levels of personal hygiene and minimize their contact with the children.	16.7%	1
Other (please specify) [Open-ended question]	33.3%	2
	Answered Question	6
	Skipped Question	0

Open-ended Responses:

- "I run a 'well-care' center, so I don't take sick kids. If they are sick, they don't come here, in my house."
- If the child starts exhibiting cold/flu symptoms early during the day, we'll notify the parents. If its towards the end of the day, we'll notify the parents of their child's symptoms at pick-up.

5. Do you personally believe that children in Virginia Beach are more at risk than adults when it comes to Pandemic influenza than they are from seasonal (regular) flu?

Answers	Response Percent	Response Count
Yes, the risk is greater for children than with regular flu	50.0%	3
No, the risk is about the same for children than with regular flu	16.7%	1
Unsure about the differences in severity between the different kinds of Pandemic and regular flus.	33.3%	2
	Answered Question	6
	Skipped Question	0

6. Do you feel you and any other care givers at your location have sufficient education or knowledge about the issues surrounding Pandemic, and often deadly, strains of influenza (e.g. H1N1, "Bird" Flu, "Swine" Flu, etc.) and the specific dangers to children in order to prepare and respond to a Pandemic threat?

Answers	Response Percent	Response Count
Yes, I'd consider us very well educated re: Pandemic Influenza and student populations	16.7%	1
Yes, I'd consider us moderately well-educated on the topic.	50.0%	3
No, at best I'd consider us unevenly educated on the topic.	16.7%	1

No, I'd consider us in need of greater education on the topic and the severity of the threat to children.	16.7%	1
	Answered Question	6
	Skipped Question	0

7. In the event of a potential or existing influenza Pandemic, do you know exactly who to contact for support and assistance at the Virginia Department of Health (a specific name and/or office, phone number and e-mail address)?

Answers	Response Percent	Response Count
Yes, we know how to reach our local Department of Health office and specifically who/which office to contact.	50.0%	3
Yes, we know how to reach our local department of health, but No, we do not specifically know who/which office to contact.	50.0%	3
No, we do not know how exactly to reach our local Department of Health, nor do we know specifically who to contact in the event of a Pandemic threat.	0.0%	0
	Answered Question	6
	Skipped Question	0

8. What kinds of services and/or support would be most useful to your as a child care provider in the event of a looming or existing Pandemic threat? (Choose as many as apply)

Answers	Response Percent	Response Count
Ready-to-use educational/information materials for me/my staff and the children's parents, for use before and/or during a Pandemic threat	66.7%	4
Special Mobile Vaccination Clinic brought to a nearby location (set up in or near a local library, grocery store, or community center) staffed by VDH staff and volunteers.	33.3%	2
Pandemic Flu Checklist for all childcare/daycare providers, with a standardized protocol with beneficial and required actions, points of contact, and other relevant information to be used as a common reference and guide should a Pandemic threat arise.	50.0%	3

Regular (quarterly or twice a year, outside of an emergency) communications from a Pandemic Flu POC at the Department of Health to keep everyone aware of the latest information, best practices, lessons learned, and potential dangers.	66.7%	4
A one-day workshop for daycare/childcare providers to share information and best practices and collaborate on common response strategies.	50.0%	3
Other (please specify) [Open-ended question]		2
	Answered Question	6
	Skipped Question	0

Open-ended Responses:

- If there was a mobile vaccination unit close by, I'd encourage my staffers to take vaccination but not the children we care for.
- Just send me info bc I only do Childcare as spare income.

9. OPTIONAL - In the future, who is the appropriate contact at your location for the Virginia Department of Health to follow-up with (if necessary) regarding Pandemic Influenza planning and response? (This can be you.)

Answers	Response Percent	Response Count
Name: [Open-ended question]	100.0%	6
Title: [Open-ended question]	83.3%	5
Email Address: [Open-ended question]	83.3%	5
Phone Number: [Open-ended question]	100.0%	6
	Answered Question	6
	Skipped Question	0

10. Do you have any other thoughts, questions, ideas, or concerns about Pandemic Influenza planning and response in the Virginia Beach area (related to your institution or otherwise)? Please share them here.

Answers	Response Percent	Response Count
[Open-ended question]		2
	Answered Question	2
	Skipped Question	4

Open-ended Responses:

- What prompted this survey?
- This is a great idea, Thanks!

VDH Pandemic Influenza Survey - Senior Care

1. Which is the name of your nursing home/senior care institution?		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		13
	Answered Question	13
	Skipped Question	0

Open-ended Responses:

- Virginia Beach Healthcare & Rehabilitation Center
- Bay Pointe Medical and Rehabilitation Center
- Kings Grant House
- Atria Virginia Beach
- Sentara Nursing and Rehabilitation Center-Windermere
- Westminster-Canterbury on Chesapeake Bay
- Oakwood Nursing and Rehabilitation Center
- Our Lady of Perpetual Help
- Beth Sholom Village
- Heritage Hall Virginia Beach
- Bay Lake Assisted Living
- Bayside Health & Rehabilitation Center
- M. E. Cox Center for Elder Day Care

2. At your institution, is Pandemic influenza emergency response planning the responsibility of a		
Answers	**Response Percent**	**Response Count**
a medical professional/administrator (e.g. doctor, nurse, PA, NP, MPH, etc.)	92.3%	12
a non-medical health care-specific administrator (e.g. non-medical Director of Health Services or Health Programs Administrator, etc.)	7.7%	1
a non-medical/non-health care-specific administrator (e.g. Administrator, Facility Director, etc.)	0.0%	0

At this time, no one person is designated at this time for Pandemic flu emergency response issues at our institution	0.0%	0
	Answered Question	13
	Skipped Question	0

3. Does your institution have a Pandemic influenza-specific response plan in place at this time?

Answers	Response Percent	Response Count
Yes	92.3%	12
No	7.7%	1
Unsure	0.0%	0
	Answered Question	13
	Skipped Question	0

4. Does your institution have a non-Pandemic influenza-specific emergency response and/or crisis communications plan in place at this time?

Answers	Response Percent	Response Count
Yes	100.0%	13
No	0.0%	0
Unsure	0.0%	0
	Answered Question	13
	Skipped Question	0

5. Do you believe you and/or the relevant parties at your institution have sufficient education or knowledge about the issues surrounding Pandemic, and often deadly, strains of influenza (e.g. H1N1, "Bird" Flu, "Swine" Flu, etc.) and the specific dangers to elderly populations in order to prepare and respond to

Answers	Response Percent	Response Count
Yes, I'd consider our institution and relevant staff very well educated re: Pandemic Influenza and elderly populations	69.2%	9
Yes, I'd consider our institution and relevant staff moderately well-educated on the topic.	30.8%	4
No, I'd consider our institution and relevant staff unevenly educated at best on the topic.	0.0%	0

No, I'd consider our institution and relevant staff in need of greater education on the topic and relevance to elderly populations.	0.0%	0
	Answered Question	13
	Skipped Question	0

6. Do you believe your institution and relevant staff are aware of the resources and assistance the Virginia Department of Health can offer in the event of a serious influenza Pandemic, including, but not limited to mobile vaccination clinics?

Answers	Response Percent	Response Count
Yes	69.2%	9
No	15.4%	2
Unsure	15.4%	2
	Answered Question	13
	Skipped Question	0

7. In the event of a potential or existing influenza Pandemic, does your institution and relevant staff know exactly who to contact for support and assistance at the Virginia Department of Health (a specific name and/or office, phone number and e-mail address)?

Answers	Response Percent	Response Count
Yes, we know how to reach our local Department of Health office and specifically who/which office to contact.	76.9%	10
Yes, we know how to reach our local department of health, but No, we do not specifically know who/which office to contact.	23.1%	3
No, we do not know how exactly to reach our local Department of Health, nor do we know specifically who to contact in the event of a Pandemic threat.	0.0%	0
	Answered Question	13
	Skipped Question	0

8. What kinds of services and/or support would be most useful to your institution in the event of a looming or existing Pandemic threat? (Choose as many as apply)		
Answers	**Response Percent**	**Response Count**
Ready-to-use educational/information materials for seniors, family members, and staff for use before and/or during a Pandemic threat	69.2%	9
Vaccination Clinic held in conjunction with your current health staff/services location/activities	23.1%	3
Special Mobile Vaccination Clinic brought to our institution (set up in or near library, cafeteria, or other common area) staffed by VDH staff and volunteers.	23.1%	3
Pandemic Flu Checklist for all schools, with a standardized protocol with beneficial and required actions, points of contact, and other relevant information to be used as a common reference and guide should a Pandemic threat arise.	61.5%	8
Regular (quarterly or twice a year, outside of an emergency) communications from a Pandemic Flu POC at the Department of Health with the school's appropriate POC to keep everyone aware of the latest information, best practices, lessons learned, and potential dangers.	69.2%	9
A one-day workshop for area school POCs/representatives to share information and best practices and collaborate on common response strategies.	46.2%	6
Other (please specify) [Open-ended question]		1
	Answered Question	13
	Skipped Question	0

Open-ended Responses:

- POC has attended workshops offered by the DOH and believes that further ones would be helpful. The facility has its own clinic and performs vaccinations on-site.

9. In the future, who is the appropriate contact for the Virginia Department of Health to follow-up with (if necessary) regarding Pandemic Influenza planning and response?		
Answers	**Response Percent**	**Response Count**
Name: [Open-ended question]	100.0%	13
Title: [Open-ended question]	100.0%	13

Email Address: [Open-ended question]	92.3%	12
Phone Number: [Open-ended question]	100.0%	13
	Answered Question	13
	Skipped Question	0

10. Do you have any other thoughts, questions, ideas, or concerns about Pandemic Influenza planning and response in the Virginia Beach area (related to your institution or otherwise)? Please share them here.		
Answers	**Response Percent**	**Response Count**
[Open-ended question]		5
	Answered Question	5
	Skipped Question	8

Open-ended Responses:

- Education. And making people aware.
- 2) the pandemic response plan comes from corporate office, Coordinated Services Management 6) We pull things down from CDC's site and educate from that information. 8) Our population is elderly but we have visitors of all ages (kids all the time), so a variety of information can be useful because our audience doesn't just stop with the residents.
- No. POC stated that the DOH handles everything very well and often sends emails/updates that are read by the administrators and the nursing staff.
- (Question 2) "Pandemic Influenza emergency response planning is the responsibility of everyone, really." The first 3 responses were selected but survey only allows respondent to choose 1 answer. In this instance, Bay Lake wanted to choose top 3 responses for this question. (Question 8) "We all love checklists, sticky notes, anything that helps us remember." (Question 10) "We look at the annual recommendations and coordinate with Home Health Agency, which comes in and vaccinates everyone and bills Medicare." "The Department of Health has been very helpful with working with us through procedures. Very supportive. We make phonecalls (to DOH) to make sure we're following right procedures." "Flu vaccinations are voluntary for staff and patients." If someone is stricken with the flu, "we isolate, feed in rooms and we wipe down on a regular basis. We send notes to family saying stay away."
- (Question 3) "We do quarterly training for the entire staff. Everyone from the housekeepers to the CNAs to the Administrators. We promote ongoing education." (Question 4) "We have emergency response plans for everything: elopement, fire, hurricanes, any emergency." (Question 8) "Recommend brochures that people can take with them. No flyers because they won't get read." (Question 10) "People make a huge scare. Panicking isn't the way to go. Just make sure you're vaccinated, wash your hands. Clean hands are the best way to prevent the spread of diseases. Should there be a pandemic, several staff members would volunteer to staff mobile clinics. We currently do voluntary

vaccinations for our staff (90%) and patients (90-95%) and give our patients literature on various topics (alzheimers, etc.).

Appendix E

Regarding Memoranda of Agreement and Understanding

The original Statement of Needs requested coordination of Memoranda of Agreement and/or Understanding between the VBDPH and several key communities. Three factors prevented the full and complete coordination of such Memoranda by the assessment team:

- The compressed time frame of approximately 60 days (including two federal holidays) did not allow for enough time to conceptualize, circulate, and negotiate terms, phrasing, and verbiage with all parties concerned to come to a single, agreed document that all interested parties would be willing to sign.
- Depressed participation, particularly by key leaders, managers, or leaders in the various targeted community groups, resulted in a dearth of authorized individuals willing or available to coordinate credible and effective Memoranda of Agreement or Understanding for designated communities. The timeframe for the assessment meant that many key persons were on Summer vacations, or, in the cases of schools (public, private, and post-secondary) primarily, unavailable due to reduced summer scheduling. Others were not authorized to enter into agreements, binding or otherwise, on behalf of their organizations and declined to consider such a memorandum at this time.
- The Bryant Zamberlan Group, LLC, as a contractor for the Virginia Department of Health, did not have the authority to formally represent and/or enter into Memoranda of Agreement or Understanding on behalf of the VBDPH. The power to obligate the priorities and actions of the Department itself, even symbolic ones, is limited to the appropriate representatives of the Department, and is not granted to contractors for reasons that are both reasonable and appropriate.

However, the Bryant Zamberlan Group has prepared proposed language (broad and community-specific) for consideration as part of any future Memoranda and a master list of key community POCs with whom to begin completion of the coordination process.

As the language of the proposed Memoranda is pre-decisional and prior to official input and coordination with community partners, and as individual contact information is considered private data, both the proposed language and contact information will be provided to the VBDPH under separate cover.

Appendix F Additional Resources List

Over the course of the two-month assessment and report writing period, the team has reviewed hundreds of Pandemic Influenza plans, reports, and resources from a variety of sources, including comparably sized metropolitan and regional areas; federal, state, and local agencies; private healthcare groups, and many, many others.

At the conclusion of the assessment and report writing process, the team has met and evaluated the following as resources that are both

- high quality contributions to the body of knowledge and understanding re: Pandemic Influenza response and planning for a community such as Virginia Beach
- directly relevant and, whenever possible, practically useful with regard to the specific findings and recommendations of this report and assessment

Based on the team's assessment, a selected number of valuable outside resources are listed (hyperlinked when available) below.

Checklists

- Child Care and Preschool Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/school/preschool.html.
- School District (K-12) Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/school/schoolchecklist.html.
- Colleges and Universities Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/school/collegeschecklist.html.
- Home Health Care Services Checklist, http://www.flu.gov/professional/hospital/healthcare.html, *En Español:* http://www.flu.gov/professional/pdf/spanishhhchecklist.pdf.
- Medical Offices and Clinics Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/hospital/medical.html.
- Emergency Medical Services and Non-Emergent (Medical) Transport Organizations, http://www.flu.gov/professional/hospital/emgncymedical.html.
- Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/hospital/emgncymedical.html.
- Hospital Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/hospital/hospitalchecklist.html.
- Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/hospital/longtermcarechecklist.html.
- Health Insurer Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/business/healthinsurer.html.

- CDC 2009 H1N1 Vaccination Campaign Planning Checklist, http://www.cdc.gov/H1N1flu/vaccination/statelocal/planning_checklist.htm.
- Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist, http://www.flu.gov/professional/community/faithcomchecklist.html.
- Law Enforcement Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/business/lawenforcement.html.
- Correctional Facilities Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/business/correctionchecklist.html.
- Pandemic Preparedness Planning for US Businesses with Overseas Operations, http://www.flu.gov/professional/business/businessoversea.html.
- Business Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/business/businesschecklist.html, *En Español:* http://espanol.pandemicflu.gov/pandemicflu/enes/24/_www_pandemicflu_gov/professional/business/businesschecklist.html.
- Letter from the Secretaries of Commerce, Health and Human Services, Homeland Security, and Labor, http://www.flu.gov/professional/business/panbusletter.html.
- Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/hospital/longtermcarechecklist.html.
- Health Insurer Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/business/healthinsurer.html.
- Travel Industry Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/business/travelchecklist.html.
- Hospital Pandemic Influenza Planning Checklist, http://www.flu.gov/professional/hospital/hospitalchecklist.html.

Guidance and Information for K–12

- School-Located Vaccination Planning Materials and Templates, http://www.cdc.gov/h1n1flu/vaccination/slv/.
- School-based Vaccination Clinics Communication Toolkit for Schools (Grades K-12), http://www.flu.gov/professional/school/toolkit.html.
- Technical Report for State and Local Public Health Officials and School Administrators on CDC Guidance, http://www.flu.gov/professional/school/k12techreport.html.
- Recommendations to Ensure the Continuity of Learning for Schools (K-12) During Extended Student Absence or School Dismissal, http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/continuity-recs.pdf.
- Joint Letter to Schools and School Districts Regarding H1N1 Influenza Preparations, http://www.ed.gov/policy/elsec/guid/secletter/090611.html.

Guidance and Information for Universities and Colleges

- CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year, http://www.flu.gov/professional/school/higheredguidance.html.
- Communication Toolkit for Institutions of Higher Education, http://www.flu.gov/professional/school/higheredtoolkit.html.
- Technical Report on CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year, http://www.flu.gov/professional/school/higheredtechreport.html.
- Resources for Colleges and Universities, http://www.cdc.gov/h1n1flu/institutions/.

Health Care Workers

- H1N1 Compendium: A Resource for H1N1-Specific Response Guidance, http://www.flu.gov/professional/hospital/h1n1compendium.pdf.
- Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel, http://www.flu.gov/professional/hospital/infectioncontrolguidance.html.
- Questions and Answers about Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, http://www.cdc.gov/H1N1flu/guidance/control_measures_qa.htm.
- Questions and Answers Regarding Respiratory Protection for Infection Control Measures for 2009 H1N1 Influenza among Healthcare Personnel, http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm.

Clinicians

- Clinical Aspects of Pandemic 2009 Influenza A (H1N1) Virus Infection, http://content.nejm.org/cgi/content/full/362/18/1708.
- Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices: Guidance from Stakeholders (PDF), http://www.cdc.gov/h1n1flu/guidance/pdf/abb_pandemic_influenza_plan.pdf.
- 10 Actions Steps for Medical Offices and Outpatient Facilities, http://www.cdc.gov/h1n1flu/10steps.htm.
- Identifying and Caring For Patients, http://www.cdc.gov/h1n1flu/identifyingpatients.htm.
- Hospitalized Patients with 2009 H1N1 Influenza in the United States- April-June 2009: Questions and Answers, NEJM, http://www.cdc.gov/h1n1flu/njem_qa.htm.
- Clinical Data Collection Forms and Templates, http://www.cdc.gov/h1n1flu/clinicians/clinician_forms_templates.htm.

Hospitals, Clinics, and Medical Offices

- Key Issues for Clinicians Concerning Antiviral Treatments for 2009 H1N1: Health Alert Network (HAN) Message, http://www.cdc.gov/H1N1flu/HAN/110609.htm.

- 10 FAQs for Immunization Programs and Providers, http://www.flu.gov/professional/hospital/10vaccinefaqs.html.
- Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices: Guidance from Stakeholders, http://www.cdc.gov/h1n1flu/guidance/pdf/abb_pandemic_influenza_plan.pdf.
- Planning Tools, http://www.flu.gov/professional/planningtools.html.
- Hospitalized Patients with 2009 H1N1 Influenza in the United States- April-June 2009: Questions and Answers, NEJM, http://www.cdc.gov/h1n1flu/njem_qa.htm.
- CDC 2009 H1N1 Vaccination Campaign Planning Checklist, http://www.cdc.gov/H1N1flu/vaccination/statelocal/planning_checklist.htm.
- Vaccine Distribution Q&A, http://www.cdc.gov/H1N1flu/vaccination/statelocal/centralized_distribution_qa.htm.
- Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel, http://www.flu.gov/professional/hospital/infectioncontrolguidance.html.
- Questions and Answers about Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, http://www.cdc.gov/H1N1flu/guidance/control_measures_qa.htm.
- Actions for Novel H1N1 Influenza Planning and Response for Medical Offices and Outpatient Facilities, http://www.cdc.gov/h1n1flu/10steps.htm.
- Infection Control in Outpatient Hemodialysis Centers, http://www.cdc.gov/h1n1flu/guidance/hemodialysis_centers.htm.
- Post-mortem Care and Safe Autopsy Procedures for Novel H1N1 Influenza, http://www.cdc.gov/h1n1flu/post_mortem.htm.
- Health Care Personnel Initiative to Improve Influenza Vaccination and Toolkit, http://www.hhs.gov/ophs/initiatives/vacctoolkit/index.html.
- National Strategic Plan for Emergency Department Management of Outbreaks of Novel H1N1 Influenza, http://www.flu.gov/professional/hospital/nspemergencydept.html.html.

Congregations and Faith Communities

- Guide For Community and Faith-Based Organizations, http://www.flu.gov/professional/community/cfboguidance.html.
- Preparing for the Flu: A Communication Toolkit for Community and Faith-based Organizations, http://www.flu.gov/professional/community/cfbotoolkit.html.

Employers

- What Employers Can Do to Protect Workers from Pandemic Influenza, http://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.html, *En Español:* http://www.osha.gov/Publications/employers-protect-workers-flu-factsheet-spanish.html, Fact Sheet, http://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.pdf, *En Español:* http://www.osha.gov/Publications/employers-protect-workers-flu-factsheet-spanish.pdf.

- Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza, What to do to protect workers, http://www.osha.gov/Publications/exposure-risk-classification-factsheet.html, *En Español:* http://www.osha.gov/Publications/exposure-risk-classification-factsheet-spanish.html, Fact Sheet, http://www.osha.gov/Publications/exposure-risk-classification-factsheet.pdf, *En Español:* http://www.osha.gov/Publications/exposure-risk-classification-factsheet-spanish.pdf.
- Considerations for Antiviral Drug Stockpiling by Employers in Preparation for an Influenza Pandemic, http://www.flu.gov/professional/business/antiviral_employer.pdf.
- Interim Guidance on Environmental Management of Pandemic Influenza Virus, http://www.flu.gov/professional/hospital/influenzaguidance.html.
- Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers, http://www.osha.gov/Publications/OSHA_pandemic_health.pdf.

Employees

- How to Protect Yourself in the Workplace during a Pandemic, http://www.osha.gov/Publications/protect-yourself-pandemic.html, *En Español:* http://www.osha.gov/Publications/protect-yourself-pandemic-spanish.html, QuickCard, http://www.osha.gov/Publications/protect-yourself-pandemic.pdf, *En Español*: http://www.osha.gov/Publications/protect-yourself-pandemic-spanish.pdf.
- Interim Guidance on Environmental Management of Pandemic Influenza Virus, http://www.flu.gov/professional/hospital/influenzaguidance.html.
- Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers, http://www.osha.gov/Publications/OSHA_pandemic_health.pdf.
- Guidance on Preparing Workplaces for an Influenza Pandemic, http://www.osha.gov/Publications/influenza_pandemic.html

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